



Owner: Jennifer Flaningam

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Water Aerobics Agreement

I, _____ (Print Client Name):

- Acknowledge that I am in good physical condition and have no impairment or disability preventing me from engaging in the physical conditioning being offered by Jen4Fitness-Water Aerobics . I recognize that the instructor, Jennifer Flaningam, is not a licensed medical practitioner and acknowledge that she can not make claims as to medical results or suggestions as to medical treatment. Activities offered by Jen4Fitness are all physical and include risk of injury to oneself, from another participant, or in the use of the facilities and apparatus. I understand and accept these risks and agree that neither Jen4Fitness nor Jennifer Flaningam will be held liable for any personal injury, property loss, or damage to myself.
- Have disclosed, to the best of my knowledge, medical information prior to beginning the training program. I will adhere to the direction of the trainer and will not hold the instructor, Jennifer Flaningam, responsible for lack of results or injury.

Client Signature: _____ Date: _____

Trainer Signature: _____ Date: _____