

# POOL & EXERCISE WAIVER AND INFORMED CONSENT

HANDS, HEAD, HEALTH OF UVALDE, INC

HERBY HAM ACTIVITY CENTER

P.O. BOX 5488, UVALDE, TEXAS 78802 \* 830-591-2711

(Please print legibly)

Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Email address: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male or Female

## Read and initial each section.

I have volunteered to participate in a program of progressive physical exercise including, but not limited to aerobic dance, aquatic activity, weight and/or resistance training, stationary bicycling, and various aerobic conditioning machinery and a heated pool (80-88 degrees) offered by Hands, Head, Health of Uvalde, Inc., Herby Ham Activity Center. I hereby affirm that I am in good physical condition and do not suffer from any disability which would prevent my participation in this exercise program. Any physical disabilities and/or limitations that would preclude my participation have been fully disclosed to Herby Ham Activity Center (its employees, owners, and representatives). I waive any possibility of personal damage which may be blamed upon such a program in the future and accept the responsibility for requesting such exercise and assistance. \_\_\_\_\_

In consideration of my participation in Hands, Head, Health of Uvalde, Inc., Herby Ham Activity Center's exercise program and usage of the facility, I, for myself, my heirs and assigns, hereby release Hands, Head, Health of Uvalde, Inc., Herby Ham Activity Center (its employees, owners, and representatives) from any claim, demands and cause of action arising from my participation in their programs. \_\_\_\_\_

The possibility of certain unusual changes during exercise and usage of the building does exist. These include abnormal blood pressure, fainting, disorders of heart beat, and very rare instances of heart attack. Every effort will be made to minimize them by preliminary examination and by observations during situations which may arise. I hereby acknowledge and accept these risks. \_\_\_\_\_

I fully understand that I may injure myself as a result of my participation in the Hands, Head, Health of Uvalde, Inc., Herby Ham Activity Center's programs and I hereby release Hands, Head, Health of Uvalde, Inc., Herby Ham Activity Center (its employees, owners, and representatives) from any liability now or in the future including, but not limited to heart attack, muscle strain, pulls, or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries and other illness, soreness, however caused, occurring during or after participation in the exercise program or usage of the facility. I understand that water shoes are to be worn in the pool and pool areas, including showers and dressing rooms. \_\_\_\_\_

I understand that 2 or more participants MUST to be in the pool area at a time. \_\_\_\_\_

I hereby affirm that I have read and fully understand the above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Activity: \_\_\_\_\_ Time: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_