

SUMMER FITNESS FUN 2008 AQUA WAIVER

NAME:

ADDRESS:

HOME PHONE:

CELL PHONE:

E-MAIL ADDRESS:

INCASE OF EMERGENCY PLEASE CONTACT:

HEALTH HISTORY

Please check the following items that apply to you if the answer is "YES";
Leave blank if "NO".

- ___ Has a Physician told you recently that you should not exercise?
If yes, why? _____.
- ___ Have you been hospitalized during the past year?
If yes, why? _____.
- ___ Have you had any new injuries or illnesses within the last 12 months?
If yes, please describe _____.
- ___ Do you have high blood pressure?
- ___ Do you smoke?
- ___ Have you ever taken a AQUA class before?
- ___ Have you ever been injured in a AQUA class?
If yes, explain: _____.

Do you have:

ARTHRITIS	Yes	No
ALLERGIES	Yes	No
RHEUMATIC FEVER	Yes	No
HEART MURMUR	Yes	No
ANY HEART TROUBLE	Yes	No
ARTERY DISEASE	Yes	No
VARICOSE VEINS	Yes	No
LUNG DISEASE	Yes	No
SHORTNESS OF BREATH	Yes	No
HERNIA	Yes	No
BACK TROUBLE	Yes	No
PAIN IN JOINTS	Yes	No
FRACTURES	Yes	No
EPILEPSY	Yes	No

Please describe any other medical concerns that you feel I should be aware of, prior to you engaging in this exercise program: _____

PROGRAM DISCLAIMER/WAIVER OF LIABILITY

I understand that I must be in good health to participate in this AQUA CLASS
I have read and understand the previous questions and have listed to the best of my ability an accurate representation of my current health status. I have instructed

I do not hold Nanci Mayo responsible or liable for any injury which may result from the AQUA CLASSES. I have seen a physician and am in good health.

Signature: _____ Date: _____