



# Water Exercise is COOL!

Summer 2018

Avenel Swim and Tennis

## Water Fitness Classes

Visit us on the web at: [www.wetyetwaterfitness.com](http://www.wetyetwaterfitness.com)

This water fitness program provides a low-impact but challenging cardiovascular workout. Participants will be in water that is "chest-deep" to perform a variety of motions including water walking and running, abdominal work and toning exercises. This class is designed to burn fat and increase cardiovascular fitness, range of motion and muscle tone.

### Shallow Water Workout Sessions

Wednesdays    June 20 – July 25    7:00 – 7:45pm    6 classes: \$42.00

Drop-in Rate:    \$10 per class (payable by check ONLY – check made payable to "ACA")

***Registrations must be received by May 25***

***Phone Instructor Nancy Brouillette at (301) 990-1846 for more information.***

To register please complete below and **mail to: Avenel Community Association, 9501 Beman Woods Way, Potomac, Maryland 20854**, or drop off your completed form & payment at the Avenel Pool front desk. (Checks payable to "ACA")

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AV Sum '18

Name: \_\_\_\_\_ "Best" Phone #: \_\_\_\_\_

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

Amount paid: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature (For Waivers on next page) \_\_\_\_\_

## **Group Fitness Waiver & Release**

I declare that I wish to participate in the Group Fitness Program conducted by ***NB Health and Fitness, LLC*** including the agents, staff, faculty, officers, employees and instructors, and I understand that I may do so only under the following conditions and agreements. I understand that weather-related events may postpone or cancel classes. I acknowledge that every attempt to make these classes up will be made by Wet Yet however sometimes this may not be possible and a class may be forfeited.

1. I hereby represent and warrant to ***NB Health and Fitness, LLC*** that I am physically capable of participating in the program without injury, that I have had a recent medical examination within the recommended time limit for my age group, and that I am not aware of any physical illness or condition that could increase my risk of injury during such participation.
2. I recognize that there are risks of injury associated with participation in the ***NB Health and Fitness, LLC*** Group Fitness Program for individuals who are overweight, elect to participate without appropriate footwear or are of an age or physical condition that make illness, injury or death as a result of participation more likely.
3. I am aware of the risks inherent in any group fitness exercise program, including but not limited to severe personal injury and death. I understand that through my participation in the ***NB Health and Fitness, LLC*** Program I am subject to possible injury and death and also understand that by my participation, I accept the risk of possible injury or death.
4. In order to participate in the ***NB Health and Fitness, LLC*** Group Fitness Program I hereby **WAIVE AND RELEASE NB Health and Fitness, LLC** from any and all claims, costs, liabilities, expenses or judgments, including but not limited to attorney's fees and court costs (collectively "Claims") arising from my participation in the ***NB Health and Fitness, LLC*** Fitness Program and the use of the ***NB Health and Fitness, LLC*** facilities for the Group Fitness Program. I also agree to indemnify and hold harmless ***NB Health and Fitness, LLC*** from and against any and all such Claims.
5. Issues involving refunds and/or class credits MUST be brought to the attention of ***NB Health and Fitness, LLC*** with-in two weeks of the class session's start date. No refunds will be issued after that time unless special circumstances apply.
6. I hereby voluntarily execute and deliver this **WAIVER AND RELEASE** so that I may participate in this Group Fitness Program.
7. I have read and understand the above **WAIVER AND RELEASE**. I understand that there are risks of injury involved in participating in aerobic exercise and I voluntarily assume such risks. I attest that I am physically fit to participate in the group fitness program.
8. The participant consents to Wet Yet's use of photographs taken or videotapes made of the program that include the participant.

## **Avenel Community Association (ACA) Waiver & Release**

I agree to Release, Hold Harmless and Indemnify the Avenel Community Association, Inc. and its directors, officers, employees, agents, members, and volunteers from all claims, liabilities and costs, arising out of any accident, injury, or loss sustained in connection with which arise out of participation in the ***NB Health and Fitness, LLC*** Program. I hereby give permission to Avenel Community Association and its contracted pool management company and lifeguards to provide medical care to myself, as may be necessary. I also give consent that I may receive further medical care at a doctor's office, hospital, acute care clinic or emergency department, as may be required by the circumstances.