



# Water Aerobics Waiver and Release for Liability

## 2024 Session

Morgan's Point Resort - Community Pool

Located at: **60 Morgan's Point Blvd.**  
**Morgan's Point Resort, TX 76548**

Sponsored by the Ladies Auxiliary for the MPR Fire Department

I acknowledge that the Water Aerobics program is designed to improve my personal fitness by providing personalized and motivational attention by a qualified Group Instructor. I understand that there may be health risks associated with the activities using physical exertion in a Water Aerobics program. If I experience any health risks symptoms while exercising, I will discontinue the activity, notify the Group Instructor and consult my physician.

I certify that I am capable of performing physical exercise and acknowledge that I am voluntarily participating in this Water Aerobics program. I understand that I will be fully responsible for complying with any restrictions prescribed for me by my personal physician and that I agree to consult my personal physician for further evaluation and such medical care as I require.

***I acknowledge that my participation in the Water Aerobics program is at my sole risk. You are advised to consult with your personal physician before participation in the sessions.***

In consideration for my voluntary participation in the Water Aerobics program, I, my family, heirs, executors, representatives, administrators, and assigns do hereby wave, release, and forever discharge the Ladies Auxiliary of the Morgan's Point Resort City Volunteer Fire Department, the city of Morgan's Point Resort, and their respective manager/ officers, directors, employees, and agents; and my group instructor, from any and all responsibilities, liabilities, and lawsuits, present or future, and cause of action for ordinary negligence, whether foreseeable or unforeseeable, arising out of or related in any manner directly or indirectly, to my use of, or access to, the Morgan's Point Resort Community Pool and/or my participation in the Water Aerobics program.

I hereby agree to expressly assume and accept sole responsibility for any, and all personal risks associated with participation in the 2024 Water Aerobics program.

I certify that I have read and understood the above Water Aerobics Waiver and Release for Liability form. I also agree that any questions or concerns regarding the waiver or activities associated with the Water Aerobics program have been answered to my satisfaction.

**PLEASE PRINT LEGIBLY:**

Name:		
Address:		
City:	State:	Zip:
Phone #:		DOB:
Email:		

Signature

Date