Aquatic Exercise Program-Group Instructor, Corley R Holt

Summer of 2021

Print First Name:

Print Last Name:

Print Your Best Form of Contact Number:

I, _____ (Signature) do hereby release the City of Alexander City, designated group fitness coach, agents and elected officials liable or who might be claimed liable, hereinafter referred to as City from any and all claims, demands, injuries or damages resulting from any accident which may occur as a result of participation in any organized Alexander City Parks & Recreation-Sportplex Department fitness land or water classes. I have the ability to participate in this program with the understanding that I maybe limited. I hereby agree that if physically or mentally necessary, I will have someone to aid me in my care during any of the aforementioned activity. This aide shall be designated by me and shall not be an employee or agent of the City of Alexander City, AL.

Signature of Participant:

Primary Class Time: 8 AM or 12 PM

An <u>Emergency Contact Person</u> and Contact Information