

ARTHRITIS FOUNDATION AQUATIC PROGRAM (AFAP)

RELEASE FORM

I understand and agree that neither the Arthritis Foundation no any co-sponsoring organization or contract facility, nor their respective chapters, officers, directors, employees, agents, members, or volunteers, shall assume or have any responsibility or liability for expenses or medical treatment or for compensation for any injury I may suffer during or resulting from my participation in the AFAP. I do hereby, for myself, my heirs, executors and administrators, waive, release, and forever discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in the program.

I also represent and warrant that I have been advised to seek consultation from my doctor about whether I can safely participate in this program and whether there are any precautions or limitations to my participation in this program and whether there are any precautions or limitations to my participation.

Please inform us of any other medical conditions or medications you are taking that we need to be aware of.

In case of emergency, notify: _____ at _____ (Phone)

Signature

Date

Address _____

Phone _____

Witness

Date

FILE:
Aquatics Instructor
Arthritis Foundation