



2016 Water Aerobics Program

I, the undersigned, hereby enter the Larose Regional Park Water Aerobics program 2016 at my own risk and agree to indemnify and hold harmless the Bayou Civic Club Corporation and their officers, directors, officials and employees, including American Red Cross Certified instructors from any and all claims arising out of or connected with my actions and/or inactions (including claims based on strict liability) in connection with my participation in the Water Aerobics Program.

The below information is true and correct to the best of my knowledge.

Printed Name: _____

Signature: _____

DOB: _____ **Phone:** _____

Email: _____

Emergency Contact: _____

Phone: _____

Hours:

**Monday – Friday
7 a.m. – 8 a.m.**

**Tuesday – Thursday
6:15 p.m. – 7:15 p.m.**

Prices Monthly:

\$30 (M-F)

\$30 (Tu & Thur)

\$35 (M-F & Tu & Thur)

DATE: _____ **BY:** _____ **CHK/RCPT:** _____

FOR: _____ **EXP:** _____