

AQUA LIFE, LLC.
124 Alvarado Dr. SE
Albuquerque, NM 87108

2012 EXERCISE PROGRAM PARTICIPANT'S WAIVER

I understand and agree that neither AQUA LIFE, LLC., AVATAR LLC., nor ACTIVE LIFE, INC. nor any cosponsoring organization or 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 this program. I do, hereby, for my self, my heirs, executors, and administrators waive, release and forever discharge any and all rights and claims for damages that I may or that may hereafter accrue to be arising out of or any way connected to 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 precautions or limits to my participation, and my doctor has approved my participation in this program.

PLEASE SIGN THIS FORM IN THE PRESENCE OF YOUR INSTRUCTOR. THANK YOU.

Instructor Name:	
Participant Name:	
Participant Signature:	
Date:	

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