



Senior Water Aerobics

Splash away the pounds with a fun, low-intensity, low impact workout with an enthusiastic Water Aerobics Instructor!

WHERE: Millburn Township Pool (*357 White Oak Ridge Rd*)

TIME: 10:00 am - 10:45 am

WHEN: Wednesday, July 10, 17, 24, 31; August 7
Friday, July 19, 26; August 2

Classes canceled due to inclement weather will not be rescheduled.

FEE: - \$33 for Millburn Township residents ages 60 and over
- \$38 for out of town residents

Use of water shoes suggested, but not mandatory

PLEASE BE SURE TO COMPLETE THE RELEASE FORM ON THE NEXT PAGE WITH YOUR CHECK MADE PAYABLE TO *Millburn Township*.

Form and payment can be submitted to the Senior Citizen Coordinator's Office at

**Millburn Town Hall
375 Millburn Ave.
Millburn, NJ 07041**

**For additional information, please call 973-564-7091 or email
jhawkins@millburntwp.org**

Sponsored by the Senior Citizen Coordinator's Office of Millburn Township.

RELEASE FORM

- ❖ The instructions offered by the Township of Millburn, are not medical advice, diagnosis, therapy or treatment of any medical, mental, physical or spiritual problems or conditions and are not guaranteed to cure any problems or conditions related to specified conditions.
- ❖ It is my responsibility to decide whether I should consult a physician prior to participating in the class. If I decide not to get a physician's approval, I then represent that I am physically fit and have no medical or mental condition that would prevent my participation in classes or instruction.
- ❖ I understand that water aerobics includes physical movements as well as an opportunity for increasing strength, cardiovascular activity, and flexibility. As is the case with any physical activity, the risk of injury, is always present and cannot be entirely eliminated. I assume the risk of participation in those activities.
- ❖ I hereby agree that the Township of Millburn shall not be liable for any injury or loss of any kind related to the participation in the water aerobics classes nor shall the facility where the class takes place be liable for any such injury or loss.
- ❖ I assume all responsibility for any loss, injury or illness that may result from my participation in the water aerobics. I agree to release any and all claims arising there from.

I have read the above waiver and fully understand its contents. I certify that I am physically fit to participate in the water aerobics class. I voluntarily agree to all the terms and conditions stated above.

Signature

Date

Print Full Name

Address including zip code

Phone number

Email address

Emergency Contact Name

Emergency Contact Phone #