



Superswim Academy Aqua-Aerobic Application and Indemnity Form

Email: rozanneduplessis72@gmail.com
Address: 31 CJ Langenhoven Street, Parow-North, Cape Town
Contact: Rozanne 072 4706 871

I, _____ ID _____

The undersigned hereby apply for the membership of the Aqua Aerobic classes offered.

I/We undertake to be bound by the following conditions:

1. DURATION

- 1.1 Commencement Date
- 1.2 Either party may cancel this agreement by giving one term written notice
No fees will be refunded due to no show.

2. WAIVER

- **I/We** acknowledge that the use of any pool or its surrounds can be dangerous and that there are risks of injury to myself.
- **I/We** have enrolled in a program of strenuous physical activity not limited to aerobic, resistance, deep and shallow water exercise, use of various aerobic / conditioning equipment offered.
- **I/We** hereby affirm that I am in good physical condition and do not suffer from any disability preventing or limiting my participation in this exercise program.
- **I/We** undertake to inspect the pool area and surrounds of any pool to be used and to acquaint myself/ourselves of the nature thereof.
- **I/We** (and my/our heirs of executors) hereby waive and abandon any claim which **I/We** could possibly have:

Against Superswim Academy Parow-North his/her/it's employees, assistants or sub-contractors, for any personal or patrimonial loss or damage that may be suffered by me/us as a result of the tuition or training received by me/us at or the use of:

The area leading up to the facilities adjacent to or necessary for the proper use of the immediate surrounds of and the pool itself where the tuition or training is to be offered from time to time and which damages are caused by my/our instruction by his/her/it's employees, assistants, sub-contractors, my/our/own or other peoples negligence or by the act of any animal or insect, or any defect in construction or design of the pool, its surrounds of facilities or any other reason.

I/We waive and abandon any claim **I/We** might have against or his/her/it's employees, assistants or sub-contractors for the loss or theft of, or damage to any property owned by me/us or under my/our care while on or near the premises where tuition is offered.

3. PERSONAL DETAILS

- I/We warrant that the personal particulars attached hereto are correct.

I hereby acknowledge that I have carefully read this waiver and release of liability. I understand that I am waiving a legal right to bring a legal action and to assert a claim against the trainer, instructor or facility for negligence.

Signature of Applicant

Print Name

Date

Signature of Guardian

PERSONAL DETAILS

NAME.....

IDENTITY NUMBER.....

DATE OF BIRTH.....Age.....Male.....Female.....

POSTAL ADDRESS.....

.....

PHYSICAL ADDRESS.....

.....

CONTACT NUMBERS:

CELL:.....in case of emergency.....

EMAIL ADDRESS.....

Can you swim independently? **YES / NO**

Are you physically fit? **YES / NO**

A.) Is there any physical or mental condition that the instructor should be aware of that could affect you in attending pool exercises? **YES / NO**

B.) Is there any reason why you should not follow a fitness program **YES / NO**

C.) Please indicate if you have had the following procedures (hip replacement, knee replacement, back operation, neck operation) **YES / NO**

IF YES APPLIES TO POINT (A) AND (B) OR (C)
PLEASE BRING TO THE ATTENTION OF THE INSTRUCTOR WHO WILL DETERMINE WHETHER A DOCTORS CERTIFICATE WILL BE REQUIRED AND DEEM IT NECESSARY TO COMPLETE ANNEXURE B. **IF YES, PLEASE COMPLETE ANNEXURE B**

ANNEXURE B:

HEALTH HISTORY:

Applicant's Name.....

Medical Practitioner's Name:.....

Contact Number:.....

Date of last examination:.....

Do you now or have you had in the past:

History of heart problems, if so explain.....**YES / NO**

.....

Medication:.....

Rapid heartbeat or palpitations.....**YES / NO**

Chest or Heart pains.....**YES / NO**

Rest Heart Rate (per minute).....

Do you smoke or other tobacco usage.....**YES / NO**

Do you consume alcohol. Frequent..... Quantities.....

Elevated blood pressure or using medication.....**YES / NO**

.....

High cholesterol? State level if available. Use of lipid lowering medication?.....**YES / NO**

.....

Do you suffer from diabetes?.....**YES / NO**

Type..... Medication.....

Dizziness / fainting.....**YES / NO**

Allergies, breathing or lung problems.....**YES / NO**

.....

Do you have any thyroid conditions, state whether over or under active.....**YES / NO**

.....

Recent Surgery (within the last 12 month).....YES / NO

Calf or leg cramping.....YES / NO

Muscle, joint, back disorder, arthritis or injury affecting you.....YES / NO

Explain.....

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Do you have a hernia.....YES / NO

Do you suffer from back ache, state by Cervical / Thoracic / Lumber.....YES / NO

Pregnancy.....YES / NO

State if any concerns which the instructor should be aware of.....

.....

Attach a consent form from your physician that you may partake in an exercise program

Progress of pregnancy (Months).....

Estimated due date.....

Circle / Explain any concerns which may affect exercise

Serious injuries

Past illnesses

Are you taking any form of medication, vitamins, drugs, or supplements.....YES / NO

If so, list type, dosage and reason.....

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Advice from medical practitioner not to exercise.....YES / NO

If Yes, state why.....

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Do you suffer from nervous, emotional or tension stress.....YES / NO

Explain.....

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