

Water Aerobics

Tuesdays

July – 16, 23, & 30

August – 6, 13, 20, & 27

6:00 pm – 7:00 pm

Quad IV Pool (Fairfield Rd.)

Must purchase a minimum of 4 classes

4 classes - \$28.00

7 classes - \$49.00

Must purchase wrist bands in advance at the Trust Office

Monday - Friday - 10:00 am – 4:00 pm

Call the Trust Office with any questions 609-443-1113

**** Must be 18 years of age or older****

Name: _____ Address: _____

Phone: _____ Email: _____

Paid: _____

MUST SIGN BACK PAGE



Twin Rivers Community Trust

92 Twin Rivers Drive West
East Windsor, NJ 08520

Tel: 609-443-1113
Fax: 609-443-5641

FULL RELEASE

REPRESENTATION AND FULL RELEASE -TWIN RIVERS COMMUNITY TRUST

RELEASE FROM LIABILITY: I hereby release and forever discharge each and all of Twin Rivers Community Trust and its instructors and employees owner(s), heirs, agents, directors, officers, partners, employees, representatives, attorney and all person acting by, through, under, or in concert with them, or any of them, of and from any and all manner of action(s), cause(s) at law or in equity, suits, debts, liens, contracts, agreements, promises, liabilities, claims, rights, obligations, demands, damages, losses, cost or expenses, of any nature whatsoever, known or unknown, fixed or contingent (collectively referred to herein as "claims"), which I now have or may hereafter have against each or any of the above persons or entities by reason of any matter, cause or thing whatsoever from the beginning of time to the date of this document or thereafter, and specifically including any claims which I may now have or hereafter have against each or any of the above persons or entities by reason of my use of the athletic equipment and/or any of the other facilities used by me during a Twin Rivers Community Trust sponsored physical activities with regard as to whether I have enrolled in any program(s) or not. This release is binding upon me and upon my successors, heirs, and assigns, and I intend this to be a complete release and discharge of all persons as well as any corporate entity, having anything to do with the programs offered.

Physical activity sometimes causes mishaps to occur; therefore, in the event anyone sustains any injury, illness, or other physical harm in connection with participation in Twin Rivers Community Trust sponsored physical activities; I agree that neither Twin Rivers nor any of its instructors, employees, agents, or principals shall in any way be liable or responsible for any claims, costs, liabilities, expenses or judgments (including, for example, doctor fees, hospital expenses and personal injury claims resulting from any such injury, illness or physical harm.

I HAVE CAREFULLY READ THIS ENTIRE DOCUMENT BEFORE I SIGNED IT. I FULLY REALIZE THAT THIS IS A BINDING LEGAL DOCUMENT, WHICH AFFECTS ANY CLAIMS I MIGHT HAVE HAD RESULTING FROM MY PARTICIPATION OR AFTER THE COMPETITION WAS CONDUCTED.

SIGNATURE

DATE

ADDRESS

PHONE NUMBER