Use the resistance of the water to improve the performance of your heart and lungs, tone your body, improve balance, and reduce fat. Have fun using different types of equipment for added resistance, leading to gains in muscular strength.

Water Aerobics
SPRING into FITNESS!!

May 7-30
No Class May 28th
(seven classes for $30)
or $5 per class

Days/Times: Mondays/Wednesdays
5:20-6:05

Free for UPJ Students

Information: 814-269-2006

Address:
University of Pittsburgh
Zamias Aquatic Center
450 Schoolhouse Rd.
Johnstown, PA 15904
This is a legally-binding release made by ___________________________________________ to The University of Pittsburgh at Johnstown. (print full name)

I agree to obey all staff members assigned to direct this program and to follow all rules and safety procedures established by the American Red Cross and The University of Pittsburgh at Johnstown. I certify, that to the best of my knowledge, my current physical condition is satisfactory for participation in the aquatic classes. I am free of any health problems which would endanger my participation and that I will inform the instructor should health conditions change at any time during participation in this program.

I fully recognize that there are dangers and risks to which I may be exposed by participating in the classes sponsored by The University of Pittsburgh at Johnstown during the 2018 session of classes. Examples of these dangers and risks are drowning, spinal injury, fractures, and head injuries. I understand that the University does not require me to participate in this activity, but I want to do so, despite the possible dangers and risks and despite this Release.

I therefore agree to assume and take on myself all of the risks and responsibilities in any way associated with this activity. In consideration of and return for the services, facilities and other things provided to me by the University in this activity, I HEREBY RELEASE THE UNIVERSITY (and its trustees, employees and agents) FROM ANY AND ALL LIABILITY, CLAIMS AND ACTIONS THAT MAY ARISE FROM INJURY OR HARM TO ME, FROM DEATH OR FROM DAMAGE TO MY PROPERTY, IN CONNECTION WITH THIS ACTIVITY. I UNDERSTAND THAT THIS RELEASE COVERS LIABILITY, CLAIMS AND ACTIONS CAUSED ENTIRELY OR IN PART BY ANY ACTS OR FAILURES TO ACT OF THE UNIVERSITY (or its trustees, employees or agents), INCLUDING BUT NOT LIMITED TO NEGLIGENCE, MISTAKE OR FAILURE TO SUPERVISE BY THE UNIVERSITY.

I recognize that this Release means I am giving up, among other things, rights to sue the University for injuries, damages or losses I may incur. I also understand that this Release binds my heirs, executors, administrators and assigns, as well as myself.

I have read this entire release, I fully understand it and agree to be legally bound by it.

READ CAREFULLY BEFORE SIGNING.

_____________________________________
Releaser's Signature

________________________________________
Date
Application: Water Aerobics
Please complete this form and return your completed application, along with your check for each applicant on the night of registration. (Make checks payable to Pitt Johnstown) Call Jamie Hedrick at 269-2006 for additional information.

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<th>Student Name</th>
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Please remember that the UPJ gym and weight room are for use by UPJ students, faculty and staff only. All aquatic center rules and regulations must be followed.
The Center for Disease Control recommendations to protect yourself and your family against recreational water illnesses include the three “PLEAs” for all swimmers to stop germs from causing illness at the pool.
1. Please do not swim if you have diarrhea. This is especially important for kids in diapers. You can spread germs in the water and make other people sick.
2. Please do not swallow the pool water. In fact avoid getting water in your mouth.
3. Please practice good hygiene. Take a shower before swimming and wash your hands after using the toilet or changing diapers. Germs on your body end up in the water.

Please complete the Application and Release. These forms must be completed and on file before the students can participate.

Does anyone from your family who is participating in the aquatic programs at UPJ have a serious or potentially serious medical condition? _____(Yes) _____(No)

Please specify below:
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

In case of emergency, please notify:
Name: ________________________________ Phone: ________________________________
Name: ________________________________ Phone: ________________________________