Off The Deep End Aquatics Inc.

REGISTRATION FORM For The H₂OPE PROGRAM at (Circle one):

Texas Health Harris HEB Physical Medicine and Rehabilitation Center 251 Westpark Way, Euless, TX 76040 Texas Health Resources Presbyterian Hospital CVC Center 5721 Phoenix Drive, Dallas, TX 75231

Mail completed registration to:

(Remember a doctor's release is required)

office)					
Date of Birth:					
:Zip					
ail:					
Phone:					
s are by age group and on Saturdays Presbyterian Hospital Dallas, TX					
s 1:00-1:40pm 11-18 yrs 1:50-2:30pm					
7-11 yrs 2:40 – 3:20					
ai					

OFF THE DEEP END AQUATICS INC. & TEXAS HEALTH: HARRIS HEB PHYSICAL MEDICINE AND REHABILITATION, AND PRESBYTERIAN HOSPITAL CVC CENTER, LIABILITY RELEASE AND INDEMNIFICATION

The undersigned desires to utilize the facilities provided by Off The Deep End Aquatics Inc., Texas Health: Harris HEB Physical Medicine and Rehabilitation, Euless, Texas, and Presbyterian Hospital CVC Center, Dallas, Texas in their water exercise H2OPE program, for the purpose of water exercise H2OPE and recreation. As a consideration for the right and privilege of being permitted access to the swim program and use of its facilities, the undersigned does hereby release Off The Deep End Aquatics Inc., Texas Health Harris HEB Physical Medicine and Rehabilitation, and Presbyterian Hospital CVC Center. and each and every one of the employees and instructors working or supervising activities in the water exercise H2OPE program from any and all liability, of any kind whatsoever, arising out of any physical or mental injury, or death, incurred or suffered by the undersigned or the abovementioned minor while preparing to use, using or cleaning up after using any of the aquatic, swimming or any other facilities provided by Off The Deep End Aquatics Inc., Texas Health: Harris HEB Physical Medicine and Rehabilitation, and Presbyterian Hospital CVC Center in their water exercise H2OPE program.

In executing the foregoing release, the undersigned acknowledges and affirms that he or she has carefully read the same and has asked and obtained satisfactory explanation of any part thereof that he or she does not understand. Furthermore, the undersigned acknowledges that he or she is fully aware that there may be a health risk for certain individuals participating in activities involving physical exertion or exposure to heat. The undersigned affirmatively acknowledges that he or she has made the Swim Instructor aware of any limitations suggested by his or her physicians.

In consideration of the Minor listed above being permitted by Off The Deep End Aquatics Inc., Texas Health: Harris HEB Physical Medicine and Rehabilitation, and Presbyterian Hospital CVC Center to participate in this activity and to use their or anyone else's equipment and/or facilities for this activity, I further agree to indemnify and hold harmless Off The Deep End Aquatics Inc., Texas Health: Harris HEB Physical Medicine and Rehabilitation, and Presbyterian Hospital CVC Center from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or G	uardian	Signa	ature	:		 		 _ Date:	
Parent or G		Print				 		_	
			-		4.1	 	 	 	

We will call you to confirm if location and time are available as space is limited. You may call us 682-200-7865.