



Amy Raczkowski 408-386-9600 | amyraz@comcast.net
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AEA and Red Cross CPR/AED Certified Instructors

CLIENT INFORMATION

Name
Street Address
Phone # Email
Birthdate
Emergency Contact
Emergency Contact #
Fitness Goals
.....
Any medical issues or injuries that we should know about?
.....
.....

ACCIDENT WAIVER & RELEASE OF LIABILITY FORM

I,, desire to voluntarily participate in Aquatic Fitness program offered by Darlene Vossbrinck and Amy Raczkowski, AEA certified instructors/trainers, and offered by Shadow Brook Swim Club, 1079 Shadow Brook Drive, San Jose, CA 95120 .

I fully understand that I might injure myself as a result of my participation in the Aquatic Fitness program and I hereby release Darlene Vossbrinck, Amy Raczkowski and Shadow Brook Swim Club from any liability, whether for personal injury, property damage, or otherwise, arising out of or in connection with participation in this activity.

By signing below, I acknowledge that I have read and understand this Release of Liability. I understand that I am waiving a legal right to bring a legal action and to assert a claim against the instructor/trainer, or facility for negligence.

Name Date
Signature

A&D CANCELLATION POLICY

I understand that if I pay for a full or partial month of classes in advance, and a class is cancelled by the instructors, I am entitled to a class credit. However, if I miss a class of my own accord, no credit will be given. By initializing below, I acknowledge that I have read and understand this Cancellation policy.

Initials Date