



THE UNIVERSITY OF TENNESSEE AT MARTIN

Hydrobics Class Sign-Up Form

Name _____

Address _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

Emergency Contact Person _____

Relationship _____

Phone _____

HEALTH HISTORY

1. Recent illness (within the last three months) _____

2. Chronic illness or allergies _____

3. Medications taken on a regular basis _____

4. Health insurance company _____

CLASS

MWF

TTh

Make checks payable to UT Martin
Office of Campus Recreation
15 Mt. Pelia Road
1020 Elam Center
Martin, TN 38238

For Office Use Only	
Date Paid	_____
Amount \$	_____
	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____
Received by	_____
Receipt #	_____

RELEASE AND ASSUMPTION OF RISK

I understand that participation in any of the hydrobics classes at the University of Tennessee at Martin is purely voluntary and is not part of the academic curriculum of the University. In consideration of the University making any equipment and/or facilities available for the hydrobics class, I hereby release The University of Tennessee, its successors, assign, Trustees, officers, agents and employees from any and all claims, demands and causes of action on account of negligence or other grounds, as a result of my participation in the hydrobics class. I acknowledge that there are risks inherent to my participation in the hydrobics class, which include but are not limited to:

Injury or death resulting from cardiac arrest, stroke, strained or pulled muscles and twisted or torn ligaments to knees or ankles.

As a participant in this event, I agree to conform to all rules set forth by the Office of Campus Recreation and the Elam Center. Also, as a participant in this event, I will be responsible for any and all medical expense resulting from any injury. As such, I understand that I should have hospitalization/medical insurance that would cover this expense. The University assumes no responsibility for injuries sustained while participating in this program.

I have carefully read and understand completely the above provisions and agree to be bound thereby. If you have any questions, please contact the Office of Campus Recreation at 731-881-7745.

Printed Name _____

Signature _____

Date _____

UT Martin is an Equal Opportunity Institution. The University of Tennessee at Martin does not discriminate on the basis of race, gender, color, religion, national origin, age, disability or Vietnam veteran status in provision of educational opportunities or employment opportunities and benefits. UT Martin does not discriminate on the basis of gender or disability in the education programs and activities which it operates, pursuant to requirements of Title VI of the Civil Rights Act of 1964 as codified in 42 U.S.C. 2000D; Title IX of the Educational Amendments of 1972, Public Law 92-318; Section 504 of the Rehabilitation Act of 1973, Public Law 93-112; the Americans with Disabilities Act of 1990, Public Law 101-336; and the Age Discrimination in Employment Act. This policy extends to both employment by and admission to the university. Inquiries concerning Title VI, Title IX, Section 504, the Americans with Disabilities Act, and the Age Discrimination in Employment Act should be directed to the Office of Equity and Diversity, 240 Gooch Hall, UT Martin, Martin, TN 38238-5002, 731-881-7202. Charges of violation of the above policy also should be directed to the Equity and Diversity Officer. E05-0235-00-019-08

THE UNIVERSITY of TENNESSEE 
MARTIN