



Adult Water Exercise Now Enrolling!!!

Activity Waivers
Available for download at:
www.lakecasitas.info

Program Season
June 15th - September 12th
Class Times
Monday through Saturday
9 a.m. - 10 a.m.
Tuesday through Thursday
6 p.m. - 7 p.m.



Adult Water Exercise Summer Program 2015

Participants

Must be over the age of 16

Attire:

Water Shoes Strongly Recommended
Appropriate Swimsuit Required

Recommended:

Hat, Sunglasses, Sun Block & Water

Parking:

Free for Registered Participants

"A wonderful program with excellent instruction. There is nothing like this low impact workout in one of California's most beautiful parks. Great for adults of all ages looking to put a spring in their steps!"

For Questions
Contact:

Jessica Lugotoff
Aquatics Coordinator

11311 Santa Ana Rd.
Ventura, CA 93001

805-649-2233 ext. 116
jlugotoff@casitaswater.com
www.lakecasitas.info



2015 Program Fees

\$60.00 for each participant
per 12 classes.

or

\$6.00 for each participant
per each individual class.

Program Fees Include:

- Short-Term Parking
- Instruction
- Equipment

LAKE CASITAS RECREATION AREA
11311 Santa Ana Road, Ventura, CA 93001
(805)-649-2233 – FAX (805)-649-4661

**ADULT WATER EXERCISE PROGRAM REGISTRATION & WAIVER
FOR 2015 SEASON
(COVERING DATES SHOWN ON REVERSE SIDE)**

Name of Participant (PRINT): _____ Date of Birth: _____ Day Phone: _____ Cell Phone: _____

Address (PRINT): _____ City: _____ State: _____ Zip: _____ E-mail: _____

Parent/Legal Guardian (if Participant under 18) Name (PRINT): _____ E-mail: _____

Address if Different from Above (PRINT): _____ City: _____ State: _____ Zip Code: _____

Medical Release for Participant Under 18. I, the undersigned parent/legal guardian (“Parent”) of the undersigned minor participant (“Participant”), hereby authorize the Casitas Municipal Water District (“District”) - Lake Casitas Recreation Area staff to take whatever actions may be necessary to obtain emergency medical care if warranted. These actions may include, but not be limited to, the following:

- ◇ Attempting to contact Parent directly or through other persons.
- ◇ Calling 911 for assistance and having Participant transported by ambulance to a hospital if recommended by emergency personnel.

I, the Parent of Participant, hereby further authorize any physician or medical staff of licensed hospital to provide treatment as is necessary until I can be notified. I understand this authorization is given in advance of any treatment being required.

Release, Hold Harmless and Assumption of Risk. Participant desires to participate in the Program(s) being registered herein and other activities related thereto (“Activities”). Participant, and his or her Parent, if participant is under 18 years old, recognize that the Activities are hazardous and understand the risks and dangers associated with participation in the Activities, including, but not limited to, bodily injury, disability, paralysis and death. The undersigned accept and assume such risks and responsibilities however caused or alleged to be caused by any party with the exception of those risks caused by gross negligence, fraud, willful misconduct or violation of law. In consideration for Participant being permitted to participate in the Activities, each of the undersigned hereby waives, releases, discharges, indemnifies and holds harmless the Casitas Municipal Water District, its Board of Directors, employees, agents and any other related parties from any and all claims for damages for wrongful death, personal injury, or property damage, arising out of Participant’s participation in the Activities and caused by negligence (passive or active), strict liability or otherwise (except for such injury, wrongful death or property damage caused by District’s gross negligence, fraud, willful misconduct or violation of law). This release is intended to be binding on each of the undersigned’s heirs, beneficiaries, personal representatives, next of kin, spouse and assigns.

I/We have read the above waiver, have been fully and completely advised of the potential danger incidental to engaging in the Activities, are fully aware of the legal consequences of signing this waiver and have signed it voluntarily.

Signature: _____ Date _____
Participant Parent/Guardian (if under 18)



2015 SCHEDULE
ADULT WATER EXERCISE PROGRAM
HOURS OF OPERATION

Morning Classes - Mon. thru Sat. 9 a.m. - 10 a.m.
Evening Classes - Tues., Wed. & Thurs. 6 p.m. - 7 p.m.

	OPEN
	CLOSED

JUNE

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

JULY

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

AUGUST

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

SEPTEMBER

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12