Richmond Parks & Recreation

2025 NOON WATER FITNESS

LOCATION: SOUTHVIEW POOL (333 E. South St. Richmond, MO.)

Water Fitness is the complete workout! It improves strength, posture, flexibility, and coordination while getting a cardiovascular work out. Because of water's nearly gravitational free environment, people of all ages and fitness levels can get a workout. No swimming is required or submerging of one's head. *Offered to High school & older.

Session 1	Session 2
Time: 12:00-12:45pm	**Time: 12:00-12:45pm**
Dates: 6/9, 6/11, 6/13, 6/16, 6/18, 6/20, 6/23, 6/25, 6/27 ☐	**Dates:** 7/14, 7/16, 7/18, 7/21, 7/23, 7/25, 7/28, 7/30, 8/1 ☐

Water Fitness Packages: 1 Session: $45.00, 2 sessions (all 18 individual exercise classes):$70.00, one single exercise class: $7.00. DISCOUNT: Sign up for two sessions of Water Fitness and receive an individual season pass for $20.00. ** Please check a box (above) to represent the session you will be attending*

Must have at least five participants sign up per session

REGISTRATION DEADLINE: 6/5/25 for Session 1 & 7/10/25 for Session 2

Notification of canceled classes will be sent through "Richmond Alert". Please sign up for Richmond Alert at www.cityofrichmondmo.org. Inclement Weather Hotline: (816)776-5304 ext. 3

Name _____

Date of Birth: _____/_____/_____ Age: _____ Gender M/F: _____

Address _____ City _____Home Phone _____

Work Phone _____Cell Phone _____Alternate Cell Phone _____

E-mail _____

Emergency Contact _____Phone _____Alternate Phone _____

Please list any health concerns the parks & recreation department & instructors should be aware of:

_____

As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damage or loss which may be sustained as a result of participating in the program. I am aware that the instructors are not certified trainers and I hereby waive, release, absolve, indemnify and agree to hold harmless the Richmond Parks & Recreation Department, City of Richmond, the organizers, sponsors, supervisors, participants and instructors for any claim arising out of any injury to myself whether the result of negligence or for any other cause. I have read and fully understand the above program details and waive and release all claims.

Signature _____ Date _____

***PROGRAM POLICIES**:* The Richmond Recreation Department reserves the right to cancel, combine or divide classes or programs; to change the time, date, fee or place of meeting or to make necessary revisions in any program when necessary. No Refunds!

Please return to: City Hall-205 Summit St. Richmond, MO 64085. Make checks payable to*:* **City Of Richmond**

Office Use Only:	*Amount paid $* _____	*Date Recorded* _____	*By* _____