

**Worcester County Department of Recreation & Parks**  
6030 Public Landing Road, Snow Hill, MD 21863 Phone: 410.632.2144 Fax: 410.632.1585

# AQUA-NUTS

Aqua-nuts is a warm water therapy class intended for the treatment of a physical injury, disease, or disorder. If there is no school, a school delay or a government holiday, class would be cancelled that day.

**Monday, Wednesday,  
& Friday**  
**July 1, 2011 - June 29, 2012**

**Note: Dates & Times subject to change for Special Programming. No classes the month of August.**



**TIME:** 8:00 - 9:00 a.m.

**WHERE:** Cedar Chapel Special School,  
by Snow Hill Middle School in Snow Hill

**OPEN TO:** Ages 18 years and older

**COST:** \$2 per session

All payments must be received prior to participation. Make checks payable to:  
Worcester County

**REGISTRATION:** All participants may register the morning of the class. If you would like to pre-register, complete the registration form on the back. Mail form to Worcester County Department of Recreation & Parks or stop by the Recreation Center.

Contact Sommer Dunlevy for more information at 410.632.2144 x102 or [sdunlevy@co.worcester.md.us](mailto:sdunlevy@co.worcester.md.us)

The staff of Worcester County Department of Recreation & Parks is committed to providing reasonable accommodations to all participants. If you have special needs, please notify the Worcester County Department of Recreation & Parks at 410.632.2144 so that we can plan accordingly for these needs. We cannot guarantee that your request will be met unless the Worcester County Department of Recreation & Parks is notified in advance. Worcester County Department of Recreation & Parks reserves the right to cancel a program or division which does not meet certain requirements.

# Adult Registration Form

Please use a separate registration form for each participant.

Worcester County Aquanuts July 2011 - June 2012

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Male or Female Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

The undersigned, intending to be legally bound, as well as my heirs and personal representatives do hereby indemnify, release and discharge the County Commissioners of Worcester County, its representatives, employees, contractors, volunteers and successors and assigns (hereinafter called \*Indemnities\*), from any and all liability for injuries, death or damages and from any and all loss, claim, or injuries to me or to my property, of any kind, arising in any way out of my participation in this program. I agree that I will defend, indemnify and hold harmless each and every one of the Indemnities against all claims, demands and causes of action including court costs and attorney's fees directly or indirectly arising from any action or other proceeding arising in any way from my participation in this program. This indemnity, waiver and release extends to all claims whether foreseen, unforeseen, known or unknown. I have full knowledge of the risks involved in this program. I am physically able and have sufficient training for participation in the program. I hereby authorize medical treatment, at my expense in the event of injury or illness during the program. I certify that I am eighteen (18) years of age or older. I acknowledge that the county provides no insurance protecting me. If pictures are taken during the program, I authorize the use of these for publicity purposes. I have received, read and agree to the policies and procedures for this program.

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Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash or Check # \_\_\_\_\_ Initials: \_\_\_\_\_ Receipt # \_\_\_\_\_