

**TEXAS HEALTH HUGULEY FITNESS CENTER**  
**In cooperation with**  
**NORTHWEST TEXAS CHAPTER**  
**OF THE**  
**ARTHRITIS FOUNDATION**  
**Offers**  
**Arthritis Aquatic Program**

The Arthritis Foundation Program at Texas Health Huguley Fitness Center is designed to fit the special needs of the people with arthritis, joint replacements, or sedentary adults looking to start exercising. This class is also appropriate for adults who are experiencing new physical limitations. They are taught in warm water by Arthritis Foundation certified instructors who have the needs of this population in mind.

We currently offer classes at these times:

Monday, Wednesday Friday 9:00 a.m., 10:30 a.m., 12:00 noon,  
3:00 pm

Monday, Wednesday 8:00 a.m., 5:30 p.m.

Tuesday, Thursday 10:00 a.m., 11:00a.m.

To be enrolled in a class you must either be a member of the fitness center or purchase a punch card at the front desk. We must also have the arthritis application completed and signed by you. Additionally, if you are unable to get into and out of the pool without assistance, you must bring someone to aid you as you enter/exit the pool. Our staff and members are prohibited from physically assisting anyone into and/or out of the pool.

The goals of the classes are increased range of motion and reduced pain level. As you begin to feel better through movement, it will be important to maintain your new level of fitness. You should continue with the arthritis class or progress to another level of classes. While taking a class we insist that you go at your own pace and make yourself comfortable. Set a two-hour rule for yourself, if you are in much more pain than usual or are fatigued after 2 hours following the class you did too much during the class.

After Joining Texas Health Huguley Fitness Center, purchasing an arthritis card or showing your SilverSneakers® card and turning in a completed application (marked with the class time you prefer), you will be contacted with the date and class time to which you can attend. Some classes have a waiting list so marking the first and second choice will be helpful in getting you into a class as soon as possible. It is important that you attend only the class time you have been assigned to avoid overcrowding and the possibility of being turned away from class.

For more information on the classes offered at Texas Health Huguley Fitness Center please contact Sheri Hayworth or a Fitness Consultant at (817) 568 3131.

**Arthritis Foundation Aquatic Program (AFAP)  
Participant application and Release Form**

**General Information**

**Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work/Cell Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Check off what time you can attend class? (First and Second choice)**

**MWF** \_\_\_ **9am**    **MWF** \_\_\_ **10:30am**    **MWF** \_\_\_ **12noon**

**MWF** \_\_\_ **3:00pm**

**MW** \_\_\_ **8am**    **MW** \_\_\_ **5:30 pm**

**TU -TH** \_\_\_ **10am**    **TU -TH** \_\_\_ **11am**

Where did you hear about this program? \_\_\_\_\_

**Participant Release Form**

I understand and agree that there are risks, both foreseeable and unpredictable, associated with any exercise or education program. I am aware of these risks and agree that my participation is at my own risk. I hereby agree that neither the Arthritis Foundation, nor any co-sponsoring agency or facility, nor their respective chapters, officers, directors, employees, agents, members or volunteers, shall assume or have any responsibility or liability for any injury I may suffer during or resulting from my participation in the Arthritis Foundation program. I hereby discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in this or any future Arthritis Foundation program.

I understand that this Participant Release Form has important legal consequences and limits my ability to recover money if I am injured as a result of my participation in this program. I have been given the opportunity to discuss its terms and consequences with an attorney of my choosing if I wish to do so.

I also represent and warrant that I have been advised to seek consultation from my doctor about whether I can safely participate in this program and whether there are precautions or limitations to my participation.

I understand and agree that the goal of the Arthritis Foundation and the co-sponsoring facility is to provide a safe program environment free from disruption or harassment. To this end, the Arthritis Foundation and the co-sponsoring agency reserve the right to deny admission to those individuals whose behavior is disruptive, or who harass other program members or staff.

I understand and agree that a copy of this form will be provided to the Arthritis Foundation as well as any co-sponsoring agency or facility.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_