



Focused Fitness Class

Instructor: Karen Leyson, NASM Certified PT

This fitness class will focus on a different part of your body each week. The focus will be total body one week, then upper body, core, lower body, stability and strength as well as improving your cardiorespiratory endurance along the way. The focus and workout will change weekly. All you need to join in on the fun is a mat and a set of medium weight dumbbells.

Date: Tuesday's Jan 8th - March 6, 2019

Fee: \$100-(9wks) **SORRY NO REFUNDS**

Time: 4:00pm - 5:00pm

Where: L.V. Senior Center (Rock Spring Park)

*****Deadline Date: January 3, 2019*****

Payment Options:

- Check Cash Credit Card (a 2.65% fee for credit card usage)

If you have any questions, please call the Recreation Department at 908-876-5941. Make **Checks payable to WT Recreation** – mail check, along with the flyer to: Washington Twp. Recreation 50 Rock Rd. Long Valley, NJ 07853

Name: _____

Phone # _____ Email Address: _____

Medical Condition: _____

Rules and Regulations: Any complaints regarding the conduct of any instructor should be reported directly to the Recreation Director ▪Disrupting or interfering with the workout of any participant is not permitted. Respect the rights of others by using courteous and appropriate behavior ▪ Participants must conduct themselves in an orderly and appropriate manner ▪ Participants must wear appropriate exercise attire and footwear at all times ▪Failure to adhere to any policies may result in removal from the program and no refund will be offered▪ Participants exercise at their own risk. _____ **Initials**

Signature: _____ Date: _____

Participant Liability Waiver and Hold Harmless Agreement (on back)



WASHINGTON TOWNSHIP PARKS & RECREATION

Participant Liability Waiver and Hold Harmless Agreement

Please read this form carefully and be aware that by registering/participating in the program(s), or by registering for participation in this program(s), you will be waiving your rights to all claims for injuries you might sustain arising out of this program(s) and you will be required to indemnify, hold harmless and defend the **Washington Township Parks & Recreation** and **any fitness/exercise instructors** for any claims arising out of participation in said program(s)

I _____, sign this **Hold Harmless** as my **Voluntary** act and by this act **agree**: “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 injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities associated with this program.”

“I further agree to indemnify, hold harmless and defend the **Washington Township Parks & Recreation, Township of Washington, its directors, offices, agent, employees, volunteers, and any fitness/exercise instructors** from any and all claims from injuries, including death, damages and losses which may occur in any way associated with the activities of the program.”

“I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities of the program.” In the event of any emergency, I authorize the Township of Washington and Parks & Recreation dept. to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand and agree to the above Participant Liability Waiver and Hold Harmless Agreement.

Print Name: _____

Signature: _____ **Date:** _____

Email Address _____

Washington Township Employee Only

Witness: _____ **Date:** _____