



SIT STRONG, BALANCE BETTER EXERCISE CLASS

Get Stronger, Fitter, and More Flexible with Our Seated Strength Class! Our new Seated Strength Class designed to improve your strength, mobility, flexibility, and overall fitness levels—all from the comfort and safety of a chair!

In this unique class, participants will engage in a variety of exercises while maintaining balance from a seated position. Each session is carefully structured to provide a full-body workout, including exercises for the upper body, lower body, and core. All you need to bring is a pair of light dumbbells and a smile!

Mondays January 20 – March 10, 2025

No Class Scheduled for February 17, 2025

Where: Washington Township Community Center

Time: 1:30-2:15pm Fee: \$50 (7wks)

Registration Deadline: January 16, 2025

(Registration form will not be accepted after deadline date)

Payment Options: Check Cash Credit Card **SORRY NO REFUNDS**

(2.65% convenience fee for credit card usage)

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

Name: _____

Phone # _____ **Medical Condition:** _____

Email Address: _____

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** **SORRY NO REFUNDS**

Signature: _____ **Date:** _____

Participant Liability Waiver and Hold Harmless Agreement

WASHINGTON TOWNSHIP 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). You will be required to indemnify, hold harmless and defend **Washington Township Parks & Recreation and Township of Washington, its directors, offices, agent, employees, volunteers, sports instructors, 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. 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, sports instructors 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:

Employee Initial: _____ Date Received: _____

50 Rock Road • Long Valley • NJ • 07853
Phone: 908.876.5941 • Fax: 908.876.0029
Email: recreation@wtmorris.net • Website: www.recreation.wtmorris.org