

WINTER FIRES/ EXERCISE CLASS

Nurture the body, push yourself, and reach your potential. Move, stretch, strengthen, and simply let go. Get in, get fit, get on with life, and join us this winter for our fitness/exercise class. This is a great way to make new friends and maximize calorie burn along with total body training! Let's join together and commit to be fit all while exercising our mind and body. All you need to bring is a mat, pair of medium weight dumbbells (3-8lbs), and a positive attitude.

Where: Washington Twp. Community Center

Wednesdays January 15-March 19, 2025

Time: 4:15-5:15pm Fee: \$110. (10wks) sorry no refunds

Registration Deadline: January 10, 2025 (Registration will not be accepted after deadline date)

Payment Options:
Check Cash Credit Card

(2.65% convenience fee for credit card usage)

Participant Liability Waiver and Hold Harmless Agreement
 <u>Limited Enrollment</u>

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:

50 Rock Road • Long Valley • NJ • 07853 Phone: 908.876.5941 • Fax: 908.876.0029

Washington Township Employee Only:

Employee Initial: _____ Date Received: _____

Email: recreation@wtmorris.net • Website: www.recreation.wtmorris.org