

Washington Township Recreation

# Spring Fitness & Exercise Class

**Where: Washington Twp. Community Center**

**Ready to get moving? Push yourself because the first time is the hardest... but your journey is the goal! Come discover the benefits of staying fit and active. Your journey begins here! We are close to home and work. Come and create change from within!**

**Join our exhilarating fitness/exercise class to make new friends, burn calories, and achieve total body training! Imagine maximizing your calorie burn, achieving total body training, and improving your mental and physical health—all while creating lasting friendships. It is all possible! Just bring a mat, a pair of medium weight dumbbells (3-8 lbs), and a positive attitude.**

**Wednesday's April 16 - June 25, 2025**

**Time: 4:15-5:15pm Fee: \$120. (11wks)**

**SORRY NO REFUNDS**

**Registration Deadline: April 14, 2025**

**\*\* \$25 LATE Payment fee & Registration CLOSED once class has begun\*\***

**Payment Options:  Check  Cash  Credit Card**  
(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](mailto:recreation@wtmorris.net) • Website: [www.recreation.wtmorris.org](http://www.recreation.wtmorris.org)