

Beachwood Mayor's Wellness Campaign

presents

Bootcamp at the Mayo Park Center

6 weeks for \$25

Monday Evenings 7:30 p.m.

April 30th, May 7th, 14th, 21st, June 4th and 11th



Classes begin promptly at 7:30. Registration is required.

Registration forms available at Beachwood Borough Hall, 1600 Pinewald Rd.,
www.beachwoodusa.com or to visit our Facebook Page

Session fee \$25 for 6 classes.

For more information on either program, please contact
groma@comcast.net or smcnabb@beachwoodusa.com



Participant Name: _____ Age: _____ Birth Date: ____/____/____

Program(s) _____ Amount paid _____ (Please make checks payable to Beachwood Mayor's Wellness Campaign)

Parent or Guardian (If under 18 years of age): _____

Address: _____ Zip: _____

Phone: _____

Email: _____

Emergency Contact Name and Phone: _____

BOROUGH OF BEACHWOOD

1600 Pinewald Road

Beachwood, New Jersey 08722

BEACHWOOD MAYOR'S WELLNESS CAMPAIGN

WAIVER AGREEMENT

In consideration of being permitted to participate in any way in the Beachwood Borough Mayor's Wellness Campaign, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, and discharge the Beachwood Mayor's Wellness Campaign, its officers, employees, and agents from liability from any and all claims including the negligence of the program, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death) and property loss arising from, but not limited to participation in the Beachwood Mayor's Wellness Campaign.

Assumption of Risk: Participation in the program carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary and range from minor injuries such as scratches, bruises, and sprains to major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks and concussions to catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in participating in the Beachwood Mayor's Wellness Campaign noted above. I hereby assert that my participation is voluntary and that knowingly assume all such risks.

Indemnification and Hold Harmless: I agree to defend, indemnify, and hold harmless the Borough of Beachwood and its servants, agents and employees from and against any and all loss, liability charges, actions, claims, suits, and expenses (including attorney's fees) and costs which may arise by reason of participation in the Borough Mayor's Wellness Campaign. (The Borough does not provide any insurance for program participants).

RELEASE AUTHORIZATION FOR EMERGENCY TREATMENT: I understand that I am required to maintain and carry accident medical insurance coverage for the child listed on their application and I verify that the coverage information attached herewith is accurate and true. As parent/guardian, I hereby consent to emergency treatment of my minor child as a result of accident or injury.

I further agree to pay any and all costs incurred as a result of said treatment. I further agree to expressly assume the risk of my minor child participating in the Beachwood Mayor's Wellness Campaign.

I am the parent/guardian of the minor _____ and I am signing this release on behalf of said minor.

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, fully understand its terms and understand that I am giving up substantial rights by agreeing to these terms, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature and agreement to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Name or Name of Parent/Guardian

Signature

Date