

MAYOR ROMA'S 12 WEEK CHALLENGE

MAYO PARK CENTER, Beachwood



12 WEEKS FOR \$150
CLASSES BEGIN SEPTEMBER 30TH
PRIZE WILL BE AWARDED

MONDAY NIGHT 6PM

NUTRITIONAL PROGRAM FOR: WEIGHT LOSS, MUSCLE GAIN, WEIGHT GAIN OR TONING.

CLASS NOT OFFERED SEPARATELY

MONDAY NIGHT 7PM

FITNESS CLASS: PERSONALIZED FITNESS FOR EACH INDIVIDUAL. ALL SKILLS AND AGE LEVELS

\$45 FOR 12 WEEKS SEPARATELY

WEDNESDAY NIGHT 7:30PM

YOGA FOR BEGINNERS AND INTERMEDIATE. CHAIR IS OFFERED FOR THOSE WHO CANNOT GET ON GROUND.

\$45 FOR 12 WEEKS SEPARATELY

WEDNESDAY NIGHT 8:30PM

DISCUSSION AND MEDITATION. LIGHT, HEALING, RESTORATIVE AND RELAXING MEDITATION AFTER NUTRITIONAL DISCUSSION & MEETING. CLASS NOT OFFERED SEPARATELY

EVERYONE WELCOME EVEN GROUPS FROM OTHER TOWNS. PLEASE CONTACT TRACY FOR MORE DETAILS 732-267-4000



PROGRAM _____ AMOUNT PAID _____ (Checks Payable to Beachwood Mayors Wellness Campaign)

NAME _____ AGE _____ CELL _____ E-MAIL _____

BEACHWOOD RESIDENT _____ NON-BEACHWOOD RESIDENT _____

PARENT OR GUARDIAN (If under the age of 18) _____ Emergency Contact Phone _____

BOROUGH OF BEACHWOOD
1600 Pinewald Rd.
Beachwood, NJ 0722
BEACHWOOD MAYOR'S WELLNESS CAMPAIGN
WAIVER AGREEMENT

In consideration of being permitted to participate in any way in the Beachwood Borough Mayors' 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 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 burns, 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 o the greatest extent allowed by law.

Name or Name of Parent/Guardian

Signature

Date