

Town of Columbia Recreation Department

323 Route 87
Columbia, CT 06237

ACTIVITY REGISTRATION FORM

FIT-FUSION

AGES: 18 and up

LOCATION: Yeomans Hall Columbia, CT

TIME: Mondays and Wednesdays, 4:30 – 5:30 PM

Fee Information

Cash or checks are accepted; make checks payable to: **Town of Columbia**

\$50/ 10 classes (prepay punch card) or \$6 walk-in /class

Participant Information

Punch Card # _____

Name: _____ Date of Birth: _____

Address: _____

Town: _____ State: _____ Zip: _____

Phone (Home): _____ Phone (Cell): _____

Email: _____

Emergency Contact: _____ Phone (Cell): _____

Town of Columbia Waiver of Liability

Participation in this activity may involve physical contact. Each user determines his or her level of participation. As with any physical activity, there is an element of risk which each participant must assume.

In consideration for participation in the program(s) listed above, I hereby waive, absolve, indemnify and agree to hold harmless the Town of Columbia, its departments, commissioners, supervisors, instructors, volunteers, and participants from claims arising out of injury to myself/child. I grant permission to the Town of Columbia to utilize any medical emergency services deemed necessary to treat my child should I not be able to be reached. I also understand that the Town of Columbia does not provide medical insurance for participants.

Signature of Participant/Parent/Guardian



Date

Printed Name

Refunds

All fees collected are non-refundable and non-transferable, unless the Town cancels the program. There are NO refunds once a program begins, except with a physician's note. In this instance, a prorated credit will be issued.

Fit-Fusion with Carol Ritchie
Participation Information and Waiver & Release of Liability

Name: _____

Address: _____

Email: _____ Phone Number(s) _____ / _____

Emergency Contact: _____

Fit-Fusion is an hour of cardio, muscle, core and balance work fused together to create a complete body workout. Class will be designed to work your cardiovascular system, core strength, muscle tone and flexibility. Participants will be expected to use various pieces of exercise equipment designed to achieve the above named fitness goals. The routines provide for appropriate warm-up and cool-down periods as well as stretching, where needed, during the course of the program. Participants are advised to pace themselves.

The instructor recommends that each participant enrolling in this program consult his/her physician with respect to any past and/or present illness, injury, cardiovascular problem, knee or hip problem or any other condition that may affect his/her participation in and ability to endure the exercise program.

List any health condition you have including surgery/hospitalization in the past year.

List any additional information about yourself that may be helpful for us to know.

I, the undersigned, acknowledge that I have read the above 2 paragraphs, and that I understand them, and filled in necessary health /physical conditions on lines above. I also, have discussed the Fit-Fusion program and any physical and/or emotional illnesses or injuries I have with my physician.

I understand that the activities in this program include physical movement, use of equipment and bodily exertion which may result in an accident or physical injury. In consideration of being permitted to participate in this program, I, for myself and respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify Carolyn Ritchie, the instructor, and any substitute/assistant instructors from and against all claims liabilities, damages or causes of action arising out of or in connection with my participation in the classes, without limitation.

Signature of Participant

Date