

BLOOMFIELD SENIOR CENTER CLASS REGISTRATION



(A separate registration form is required for each class)
You may wish to consult your health care provider before doing any
exercises.

PLEASE PRINT LEGIBLY

TODAY'S DATE: _____

CLASS NAME: _____ **START DATE:** _____

FEE: \$ _____

PAYMENT METHOD: Cash / Check # _____ **RECEIVED BY:** _____

NAME: _____ **DATE OF BIRTH:** _____

ADDRESS: _____ **TOWN/ZIP:** _____
(proof of address required)

PHONE: _____ **EMAIL:** _____

I acknowledge that any and all exercises I engage in are performed at my own risk. In consideration for participating in the above-referenced program/activity sponsored by the Senior Services Department of the Town of Bloomfield, I hereby waive and release the Town of Bloomfield, its agents, officers and employees, whether paid or voluntary, from and against any and all claims, suits, actions, damages, liabilities, costs, expenses and/or judgments, including attorneys' fees and court costs, which may arise from my participation in the above-referenced program/activity or any illness or injury resulting therefrom, either directly or incidentally.

I hereby represent that I understand and am familiar with the nature and type of activities in which I will participate as part of the above-referenced program/activity. I further represent that I am in good physical and mental health condition and that I am unaware of any physical or other health condition that would affect my ability to participate in the above-referenced program/activity.

I acknowledge that I will be solely responsible for the furnishing of necessary safeguards and appropriate equipment for protection against injury. I have read this document and understand and agree to its terms and conditions.

Signature: _____ **Date:** _____