

**AIRWAY HEIGHTS PARKS & RECREATION
ADULT FITNESS PROGRAM**

**TOTAL
BODY
CONDITIONING**

*A great start
to your
New Years
Resolution*

Work your legs, back, arms and abs with a Certified Group Fitness Instructor in the new Body Conditioning Adult Fitness Class.

This six week class will teach you great at home workouts using hand weights, resistance bands and a stability ball.

Workouts will be modified for men and women of all fitness levels.



**Tuesdays & Thursdays
January 17th - February 23rd
at Sunset Elementary
5:30pm to 6:30pm**

\$45/Person

(Tax Included)

**Register at City Hall
Class Space is Limited to 12.**

Required Equipment:

(2) 3-5lb Hand Weight,

(1) Resistance Band

55cm-65cm Stability Ball

Exercise Floor Mat

For more info contact Airway Heights Parks & Rec at 244-4845.

PARTICIPANT INFORMATION:

First & Last Name _____

Address _____ City/State _____ Zip _____

Date of Birth ____/____/____ Primary Phone (____)____-____

Email Address _____

CITY OF AIRWAY HEIGHTS HOLD HARMLESS AGREEMENT

I, the under signed participant, acknowledge that I voluntarily choose to participate in this activity which is organized, operated, and administered by the City of Airway Heights. I assume all risks and hazards incidental to participating in the Activity, and do hereby waive, release, absolve, indemnify and agree to hold harmless the City of Airway Heights their supervisors, volunteers, instructors, and participants for any claim arising out of any personal injury or property damage. I am fully aware of the potential dangers and risks inherent in recreational activities, including physical injury, death, or other consequences that may arise or result directly or indirectly from participating in recreational activities.

I certify that I am at least 18 years of age and have read this document in it's entirety and sign this agreement freely and voluntarily, as an individual and on behalf of my heirs, executors, and agents, and agree to abide by all the provisions set forth in this document.

Participant Signature _____ Date _____

PARTICIPATION WAIVER AND MEDICAL AUTHORIZATION

This form must be signed by the parent and/or legal guardians of participant under the age of 18 .

The purpose of this form is to grant participants under the age of 18 permission to participate in Airway Heights Parks & Recreation programs and activities, and to enable parents and guardians to authorize the provision of emergency treatment for their children who are injured or become ill while under the authority of the Airway Heights Parks & Recreation Department in the event parents or guardians cannot be reached.

This is to acknowledge that we (I), the undersigned parent(s) or legal guardians of the participant, recognize that because of the potentially hazardous nature inherent with recreational activities that an injury might be sustained. In the event of such an injury to my child and we (I or my spouse or child's guardian) cannot be contacted, we give permission to a qualified and licensed physician to render such treatment as would be normal and agree to pay the usual charges for such treatment. We (I) release the City of Airway Heights, their employees, supervisors, volunteers, instructors, and participants from any physical injuries, death, or other consequences that may arise or result directly or indirectly from participating in recreational activities. We (I) understand that this release applies to any present or future injuries and that it binds my heirs, executors and administrators.

This release form is completed and signed of my own free will and with full knowledge of its significance and have read this release and understand all of it's terms.

PARENT/ GUARDIAN INFORMATION:

First & Last Name _____

Primary Phone (____)____-____ Alt. Phone(____)____-____

Parent or Guardian Signature _____ Date _____