

**Bertie County Recreation Department**

**Registration Form**

**SENIOR EXERCISE CLASS**

**Fee: \$35.00 per session**

**Session:** ( ) January ( ) April ( ) July ( ) October

**Class:** ( ) Level 1 exercise ( ) Line dancing ( ) Level 2 exercise ( ) Exercise equipment

**Location:** ( ) Council on Aging, Windsor ( ) Colerain Community Building

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone(s):** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Race:** ( ) African American ( ) Asian ( ) Caucasian ( ) Hispanic ( ) Native American  
( ) Other \_\_\_\_\_

**Special needs (if applicable):** \_\_\_\_\_

**Emergency Contact Person:**

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone(s):** \_\_\_\_\_

For Office Use Only:

Signed Physical Health and Wellness Program Release Form is mandatory for registration.

Fee Paid: \_\_\_\_ Age Verified and Fee Waived: \_\_\_\_ Initial of employee: \_\_\_\_\_

Original to Recreation Staff. Copy to Instructor.

## PHYSICAL HEALTH AND WELLNESS PROGRAM RELEASE FORM

### Statement of Release/Liability Waiver for Bertie County Exercise Programs and use of exercise equipment

Bertie County strongly advises that individuals consult their physicians prior to using the equipment in its exercise room and participating in its physical health and wellness programs. Based on the participant's medical history, Bertie County also reserves the right to require an individual to present a "consent to exercise" form signed by a physician before using the equipment or participating in a physical health and wellness program.

I, the undersigned participant, hereby indemnify and hold harmless Bertie County, hereafter referred to as host agency, its agents, employees, representatives and assigns from any claims resulting from equipment in the exercise room or from participation in any physical health and wellness program. I acknowledge that I have either had a physical examination and have been give my physician's permission to participate, or that I declare myself physically sound and not suffering from any impairment that could prevent me from undertaking the physical health and wellness programs or using the exercise equipment offered by Bertie County.

I warrant and represent to the host agency that I am in good physical health and condition, and able to use the equipment in the exercise room and participate in the various physical health and wellness programs. I know of no physical conditions or restrictions whatsoever which would prohibit my participation in the exercise room or programs. I understand the nature and extent of the risks that I am assuming and that I am assuming them at my sole risk and responsibility.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Witness Name: \_\_\_\_\_