



Canton Recreation Department
60 Main Street
Canton, NY 13617
(315) 386-3992
recreation@cantonny.gov

**Canton Recreation Program
Senior Fitness Class**

The Canton Recreation Department offers a Senior Fitness Class in the Riley Community Room at the Canton Recreational Pavilion. This class will be offered for a 7-week session beginning Tuesday, October 9. The class meets Tuesday and Thursday mornings from 10-11am.

This session the Senior Fitness Class is led by Fitness Instructor Mikaela Shelby. The cost to participate in the 7-week fall session is \$15 per participant. Payment can be made in cash or check, please make checks payable to Canton Recreation.

All participants must complete this Registration Form and sign the Informed Consent & Liability Waiver Release before participating in the program. Visitors/guests may attend for a cost of \$5 per class and must sign the Informed Consent & Liability Waiver Release before participating.

Weather policy: Any time Canton Central School District cancels school, class will be cancelled.

Name (please print neatly): _____

Email Address: _____

Phone Number: _____

Address: _____

Emergency Contact Person: _____

Emergency Contact Phone Number: _____

Emergency Contact Relation To You: _____

Allergies, Injuries, or Medical Conditions: _____

Informed Consent & Liability Waiver Release
for Participation in Senior Fitness Class

I agree and consent to the following:

I am voluntarily participating in the Senior Fitness Class program conducted by Mikaela Shelby at the Canton Recreational Pavilion. I recognize that the program requires physical exertion and may cause physical injury. I am fully aware of the risks and hazards involved. I am in sufficiently good health to participate in the fitness class being offered by the Canton Recreation Department. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in this program. I represent and warrant that I have no medical condition that would prevent my participation in the program. I agree to assume full responsibility for any risks, injuries or damage know or unknown that I might incur as a result of participating in the program. Such injuries may include, but are not limited to, heart attack, muscle strain, muscle pull, muscle tear, broken bone, shin splints, heat prostration, joint pain or injury, back pain or injury, foot pain or injury, or any other illness or soreness, including death.

I knowingly, voluntarily and expressly waive any claim I may have against the program director, the instructor, the Recreation Department, or the Town & Village of Canton for injury or damages that I may sustain as a result of participating in this program. I have read the above waiver and release of liability and fully understand its contents. I

voluntarily agree to the terms and conditions stated above.

Signature: _____ Date: _____

Print Name: _____