## PELHAM PARKS AND RECREATION

6 Village Green, Pelham, NH 03076

Phone: 603-635-2721 Email: Recreation@pelhamweb.com Fax: 603-508-3094

## Total Body Strength Workout

Tuesdays and Thursdays from 6:30pm to 7:30pm
April 2-May 14, 2024 (skipping April 23 & 25)
Cost is \$60 per participant once a week (Tuesday only)
Cost is \$60 per participant once a week (Thursday only)
\$110 for twice a week (Tuesday and Thursday-\$10 discount)

Open to age 16 to 106! Participant Release Form

Town:

Participant Name: \_\_\_

Address:

DOB (required): \_\_\_\_\_ M / F

Zip:

State:

Cell phone:	Email address:	
your own body weight. Try a free 6:30pm to 7:30pm at the Hobbs Fournier. You can attend Tuesd This program poses limite abrasions, broken bones, concussion Any limitations regarding physical concustor Participants should wear concustor weights or resistance bands if desir	rogram to learn the benefits of fitness. It is for all levels ut class before you commit! <b>The program will take place</b> Community Center. Space is limited; first come, first ay only, Thursday only or both days. d risks to the participants. These risks may include but as, heart attacks and even death. We advise that all those papabilities should be made known to the Pelham Parks and comfortable clothing and comfortable supportive athletic should do (optional). No prior knowledge or skills are required in improve muscle strength, maintain bone health and aids in 160 mins!	ce on Tuesdays and Thursdays from it serve. Certified instructor is Alison are not limited to bumps, bruises, cuts, participating be in good physical condition. Recreation Department.  es. Bring floor mat, water bottle and own order to take part in this program. This
	ther condition, medications the participant is taking, dietary in the insure participants' health and safety:	restrictions, allergies, or other information
has which might affect his/her pa equipment, if needed, which will be including risks which are not s leaders/coaches/supervisors.  I, the undersigned, hereby Dept, its employees, agents, repres demands of any kind for property da leader or resulting from the exercise the activity; provided, however, tha of the participant during the course You have my permission to activity. Participation may be video	ad the information provided above. I have noted any physicipation. He/she meets the standards required for pain good working condition. I assume all of the risks normal specifically foreseeable. I will follow the rules and agree to release, indemnify, save and hold harmless the Telentatives, coaches, volunteers, from any and all liability, act amage or personal injury resulting from failure to obey safety of judgment by the leader in good faith response to emerge to nothing contained herein shall excuse any of the leaders to of the activity appropriate to the circumstance. To have a physician attend to me, if it is deemed necessal taped or photographed for the website.	articipation and will have the necessary lly incidental to the nature of this activity, regulations provided by the activity fown of Pelham, the Parks and Recreation ctions, causes of actions, debts, claims or y regulations and directions of the activity pencies and exigencies which occur during to act with reasonable care for the safety
Executed this day of	, 20	e of Participant
In case of emergency, please conta		c or r articipant
Name:	Telephone:	