

Jamestown Recreation Exercise Classes

Office Use Only
Ck# _____
Date: _____

Date: Rolling Programs (Look for schedule online)
Location: Jamestown Country Club
Cost: 5 Classes/ \$60 10 Classes/\$100

First Name

Last Name

Street Address

Phone Number

Emergency Contact Person Other Than Person Above

Phone Number

Medical Information

Is there any medical condition or allergy that the Recreation Department should be made aware of prior to your participation in this program?

___ YES

IF YES _____

(Please specify)

___ NO

Jamestown Recreation Exercise Class Form WAIVER OF LIABILITY FORM

For participants in the Jamestown Recreation Department exercise classes: In accordance with Section 7-6-9 of the Rhode Island General Laws (entitled "Exemption from Liability to Participants in Sponsored Athletic or Sports Events") I hereby waive any liability that the Jamestown Recreation Department exercise classes, its officers, directors, trustees, agents, servants, or employees might have for, and agree that said association, its officers, directors, trustees, agents, servants, or employees shall not be liable for any bodily to myself while participating in the exercise classes, sponsored by the Jamestown Recreation Department. I realize that the Town **does not** provide medical insurance and that any injuries incurred would be my/our responsibility.

Signature of Participant