



# Town of Mendon Parks & Recreation Dept.



## Zumba & Barre Fitness® – Fall 2015 Session 1

<p><b><u>ZUMBA</u></b>  <b>Mondays</b>  September 14<sup>th</sup>-October 26<sup>th</sup> • 7:00pm-8:00pm  No Class: October 12th  FYI Session 2 Dates: November 2<sup>nd</sup> -December 14<sup>th</sup></p>	<p><b><u>Barre Fit</u></b>  <b>Wednesdays</b>  September 16<sup>th</sup>-October 21<sup>st</sup> • 7:30pm-8:30pm  FYI: Session 2 Dates: October 28<sup>th</sup>-December 16<sup>th</sup>  <b><u>*Participants should bring light hand-held weights (2-5 lbs.), a yoga mat or towel, non-slip socks or no tread sneakers and water.</u></b></p>
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All Classes will be held at the Clough Elementary School (10 North Ave.)

**REGISTER & PAY ONLINE - Visit: [mendonma.gov/parks-fitness](http://mendonma.gov/parks-fitness)**

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

Address: \_\_\_\_\_  
(Street) (Town) (State) (Zip)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**NEW!** Employees of: MURSD, BVT and Town of Mendon are eligible for Resident prices.

<b>PICK ONE:</b>	<u>Mendon Resident</u> <u>Non-Resident</u> <u>MURSD</u> <u>BVT</u> <u>Town of Mendon Employee</u>
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	Class Options	Price (Resident/Non-Resident)
___	<b>Zumba – Mondays</b> , 6 classes	\$36R / \$39NR
___	<b>Barre – Wednesdays</b> , 6 classes	\$42R / \$45NR
___	<b>Both – Mon &amp; Wed</b> , 12 Classes	\$76R / \$82NR – <b>BEST VALUE!!</b>

<u>Parks Dept Use</u>  AMT:\$ _____ Ck # _____
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### Punch Cards also available:

<b>Zumba (Mondays)</b>		<b>Barre Fit (Wednesdays)</b>		<b>Any Class! (Mon &amp; Wed)</b>	
___	<b>5 Classes</b> \$35R / \$38NR	___	<b>5 Classes</b> \$40R / \$43NR	___	<b>11 Classes</b> \$74R / \$80NR
___	<b>4 Classes</b> \$28R / \$31NR	___	<b>4 Classes</b> \$32R / \$35NR	___	<b>10 Classes</b> \$68R / \$75NR

**Drop-In's are also welcome at \$9/class (both Resident and Non)**

**Payment Options:** Pay Online, with Cash or Check. (Please make check payable to: **Town of Mendon**)

Registrations and payments may be brought to class, dropped off at the Town Hall,  
or mailed to: Mendon Parks Department, 20 Main Street, Mendon, MA 01756

If you have any questions, please contact the Parks Department at 508-473-0600 or by email at [parkcomm@mendonma.gov](mailto:parkcomm@mendonma.gov)

Please note that a minimum number of participants will need to register for the class in order for it to run.

Sorry, no refunds are available unless the class is cancelled or full.

**Like us on Facebook at:**

[facebook.com/FitnessWithDebClare](http://facebook.com/FitnessWithDebClare) & [facebook.com/MendonParks](http://facebook.com/MendonParks)



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (town) (state) (zip)

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have any special needs/medical conditions? YES\_\_\_ NO\_\_\_

If Yes, Please Explain: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

### RELEASE OF LIABILITY

1. I am or will be participating in ZUMBA© classes, offered by Debra Fowler Clare through the Town of Mendon. I recognize that ZUMBA© requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the ZUMBA© Classes. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the ZUMBA© Classes.
3. In consideration of being permitted to participate in ZUMBA© Classes, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the ZUMBA© Classes.
4. In further consideration of being permitted to participate in ZUMBA© Classes, on behalf of myself and my representatives, successors, assigns and any person claiming by, under, through, or in concert with me, I knowingly, voluntarily, unconditionally, irrevocably and expressly give up, remise, waive, release, discharge and covenant to hold harmless Debra Fowler Clare and the Town of Mendon (including its past, present and future departments, boards, employees, officials, agencies, volunteers, representatives, successors, agents, and assigns) from and against any and all actions, claims, demands, damages, causes of action, liabilities, losses, costs (including attorney fees), and injuries of every kind and description, including death, in any way arising out of, in connection with, or incident to, my participation in ZUMBA© classes.
5. I have read the Release of Liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

\_\_\_\_\_  
*Signature*

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