

# Big Ball Toning &



Jefferson  
Park & Recreation  
Department

# Morning Groove

**Big Ball Toning:** An anaerobic workout done with a stability ball. Get a total body workout while strengthening your core.

**Morning Groove:** The tone to this class is set to music. Warm up, stretch & walk/move for 45 minutes. Set your own pace by using weights

<u>Big Ball Toning</u>		<u>Morning Groove</u>	
Date	Jan. 6 –Feb 14, 2020	Date	Jan. 6-Feb. 14, 2020
Day & Time	Tuesday & Thursday 6:00-6:45 am	Day & Time	Monday & Wednesday 8:00-8:45 am
Fee	Punch Pass Only	Fee	Punch Pass Only
Age	Adults	Age	Adults
Instructor	Jean Van Gilder	Instructor	Jean Van Gilder
Location	GCCC	Location	GCCC
Limit	12	Limit	18

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

☐ 130152 A Big Ball Toning

Fee: punch pass

☐ 136188 A Morning Groove

Fee: punch pass



## Waiver & Medical Authorization

In consideration of being permitted to participate in a Jefferson Park and Recreation Department activity or program I, the undersigned participant (or, if under age 18, the participant's parent or legal guardian on his or her behalf): (i) recognize and acknowledge that such activity may involve risk of bodily injury or property damage, (ii) assume full responsibility for and risk of any bodily injury, damage or loss which may occur as a result of participating in such activity, (iii) release, waive, discharge and covenant not to sue the Jefferson Park and Recreation Department and the City of Jefferson and their administrators, officers, employees, members of governing and advisory bodies, representatives, agents, coaches, officials and volunteers (the "releasees") from all liability to the undersigned for any and all damage or loss, and any claim or demand therefor, on account of injury to my person or property, whether due to negligence of the releasees or otherwise, as a result of participating in any such activity or program, (iv) agree to indemnify and hold harmless the releasees identified above from any and all loss, liability, damage or cost that they may incur as a result of my participation in any such activity or program, (v) in the event of any injury or illness while participating in such activity or program authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel, and (vi) consent to my picture being used for publicity or promotional purposes. I HAVE READ AND FULLY UNDERSTAND THIS WAIVER AND MEDICAL AUTHORIZATION AND VOLUNTARILY SIGN IT.

Participant or Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Does the participant have any condition that would prevent full participation in the above activity? \_\_\_\_yes

\_\_\_\_no ie. asthma, diabetes, seizures, allergies (bee stings), etc.

Please note in space below.

Amt pd \_\_\_\_\_ check or cash