



A.M. Cycling

A great cardiovascular workout. You control the intensity of your ride as you pedal the bike. Burn calories, strengthen your heart and build cardio and muscular endurance without the impact on your joints.

Date: **Winter/Spring Session I: Jan 7-Feb 13**

Day & Time: **Tuesday and Thursday
5:15-6:00 am**

Fee: **\$35 Member/\$45 Non Member**

Ages: **Adults**

Instructor: **Emily Vander Wilt**

Location: **GCCC**

Limit: **6**

Name _____

Address _____ City _____ Zip _____ Email _____

Home Phone # _____ Work Phone # _____ Cell # _____

T/TH Cycling 236156 C

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.

Parent or 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

