

WARRINGTON TOWNSHIP
PARKS & RECREATION DEPARTMENT
852 Easton Rd., Warrington, PA 18976
215-343-9350 – www.warringtontownship.org



PILATES REGISTRATION FORM

Date: Eight Thursdays January 21 – March 11, 2010 Time: 7 – 8 pm
Location: Warrington Twp. Millcreek Bldg., 3400 Pickertown & Millcreek Rds.
Cost: \$90/ person Register: 852 Easton Rd.
For: Men/Women, ages 18 & up (all fitness levels)
Bring: exercise mat, large towel & Pilates band
For more information call (856)751-0095 or go to www.vivapilates.net

Please Print:

Name _____

Street Address _____ / City _____ / Zip Code _____

Home Phone _____ / Cell Phone _____ / Email Address _____

Emergency Contact _____ / Phone _____

RELEASE OF LIABILITY

I certify that I, the undersigned, am in good health and am able to participate in this program. I understand that no health and/or accident insurance(s) are provided for participants and I accept full responsibility for obtaining the same or for payment of all expenses in the absence of such insurance. Whereas, I, the undersigned, do desire and intend to participate in this program. Now, therefore, in consideration of the foregoing, and in consideration of the mutual relationship of others participating in said program, and of my participation therein, I do hereby, for myself, my heirs, executors, administrators, and assigns, forever remise, release and discharge **Warrington Township** their successors and assigns, directors, officers, members, agents, and other representatives, and their heirs, executors, administrators, and assigns from any and all of manner of action, causes of action, suits, debts, accounts, controversies, damages, claims and demands whatsoever which I or my legal representative may have or may acquire against **Warrington Township** or their directors, officers, members, agents, and other representatives, by reason of any loss resulting from personal injury or damage to personal property belonging to me other than caused by our negligence, which may occur during or by reason of my participation in said program. I agree that **Warrington Township** shall have the right at their discretion to enforce established rules of conduct and/or terminate my participation for failure to maintain these standards, or for actions or conduct detrimental to or incompatible with the welfare, comfort, harmony or interest of the group and its program as a whole. I hereby grant **Warrington Township** and any of their directors, officers, members, agents, and other representatives full authority to take whatever action they consider to be warranted regarding my health and safety, and I fully release all of them from any liability for such actions taken on my behalf.

Participant's Signature _____

Print Full Name _____

Date _____

Paid \$90.

Check # _____

VISA - M/C - Cash