



ZUMBA®

Fitness

Zumba mixes low and high intensity moves for an interval , calorie burning, dance fitness party. It's exercise in disguise. Benefits include a total workout, combining all elements of fitness– cardio, muscle conditioning, balance and flexibility.

Come join the party!!!

When: Mondays– September 11-December 18

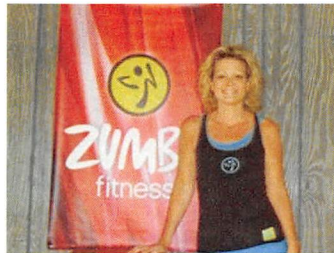
No class October 9

Time: 5:45-6:45PM

Where: Deerfield Elementary School gym

Cost: \$5.00 per week/ pay as you go each week

Every 6th class is free!



Instructor Jill

You can register at class or for more Info & Pre– register:

Deerfield Recreation Office

665-1400 ext 107

Deerfield Recreation

Zumba

Name _____ Phone _____

Address _____ Town _____

Emergency Phone Number _____ e-mail _____

For more information contact the Rec. Dept. at 665-1400 ext 107

or e-mail suea@town.deerfield.ma.us

CONSENT AND RELEASE FORM

I, _____, the undersigned, do hereby consent to my participation in voluntary athletic or recreational programs of the Town of Deerfield. I agree and covenant to forever RELEASE, acquit, discharge and hold harmless the Town of Deerfield, the Recreational Committee, and any and all of its employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in the voluntary athletic or recreational programs of the Town of Deerfield (hereinafter collectively the "Town of Deerfield") from any and all claims of any nature whatsoever, rights of action and causes of action that may have arisen in the past or which may arise in the future, directly or indirectly, from any and all known or unknown personal injuries to myself or property damage resulting from or in any way growing out of, directly or indirectly, and which has or hereafter may acquire, resulting from my participation in the Town of Deerfield voluntary athletic or recreational programs.

I hereby forever, RELEASE, indemnify, defend and hold harmless the Town of Deerfield against any and all legal claims of any nature or kind whatsoever and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to myself or property damage resulting from my participation in the Town of Deerfield voluntary athletic or recreational programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my participation in these programs is voluntary and that I am free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to participate in the Town of Deerfield's athletic or recreational programs with full knowledge that the Town of Deerfield will not be liable to anyone for personal injuries or property damage I may suffer in the voluntary participation of the Town of Deerfield athletic or recreational programs.

Signed: _____

Name: _____ Date: _____

(Please print clearly)



OVER

MEDICAL INSURANCE AND/OR MEDICAL CHARGES POLICY

By nature, many programs provided by the Deerfield Recreational Department have inherent risks associated with participation. The Deerfield Recreational Department and/or Town of Deerfield DO NOT PROVIDE ACCIDENT OR HOSPITALIZATION INSURANCE FOR PROGRAM PARTICIPANTS. Therefore all participants are required to have medical insurance and/or be responsible for any and all costs of any nature or kind whatsoever for injuries or treatments which may arise out of participating in the Deerfield Recreational Programs. Participation in all department programs is voluntary and participation is at the participant's own risk.

Consent to Medical Treatment:

As a parent or legal guardian of the above named participant or as a participant myself, I hereby give my consent for any and all emergency medical care taken by a duly certified, trained, and/or licensed emergency care technician, doctor, dentist, nurse, first responder, or other appropriate similarly licensed or certified personnel, as may be administered in the process of providing emergency care of whatever form necessary to preserve life, limb or well being.

I authorize and request the Town of Deerfield to give, disclose and release to any emergency care provider all individually identifiable health information as I have provided to the Town of Deerfield. This authorization and request is a consent to the release of such information under current and future laws, rules and regulations, including but not limited to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and regulations promulgated pursuant thereunder.

Signature : _____

Medical Conditions / Allergies: Yes: ___ or No: ____ Please describe in detail any medical conditions or allergies about which the Deerfield Recreational Department or any potential medical care provider should be aware:
