

Functional Fitness Yoga + Strength & Conditioning Training Summer 2011
at Hunter Mill Swim Club
Monday, Wednesday & Friday 7:00-8:00am

Pay by the week:

Week 1: June 22, 24

Week 2: June 27, 29, July 1

Week 3: July 4, 6, 8

Week 4: July 11, 13, 15

Week 5: July 18, 20, 22

Week 6: Aug. 8, 10, 12

Week 7: Aug. 15, 17, 19

Week 8: Aug. 22, 24, 26

Week 9: Aug. 29, 31, Sept. 2

No class: July 25 – August 5

3 days/week: \$42./week x _____ weeks = Total \$ _____

2 days/week: \$32./week x _____ weeks = Total \$ _____

Drop in: \$20.

Name _____

Email _____

Phone _____ Cell _____

Emergency Contact/Phone _____

Please return this form by June 20: Sign waiver below and mail or drop off check payable to:
Functional Fitness, LLC 10409 Huntrace Way Vienna, VA 22182
Call or email me if you have any questions: Eileen Kurtz: 703.587.8305 or kurtzfit@gmail.com

Waiver and Release of Liability

The undersigned acknowledges, appreciates, and agrees that:

1. This as with any exercise program has inherent risks. You should consult your physician before beginning this or any exercise program.
2. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular instruction, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and
3. I knowingly and freely assume all such risk, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation; and
4. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the instructor; and
5. I for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless Eileen Kurtz, Eileen Kurtz's family, heirs, facilities utilized by Eileen Kurtz, owners and lessors of the premises used to conduct the event ("releasees"), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights to signing it, and sign it freely and voluntarily without any inducement.

Signature of Participant _____ Date _____