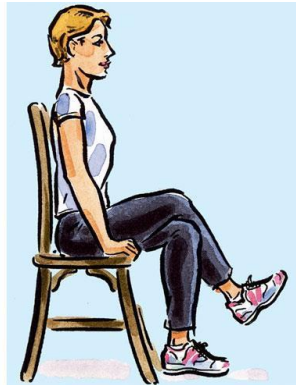




City of Galt, Parks and Recreation Department
610 Chabolla Avenue, Galt, CA 95632
(209) 366-7180 galtpandr@ci.galt.ca.us

FITNESS IN A CHAIR



This is an exercise class to music for men and women. The program is specifically designed for those ages 50 or over, or for persons who need a limited exercise program. The emphasis will be on stretching, flexing, and toning the body. **All exercise are done in a chair.**

Location: Chabolla Community Center

Days and Time: Mondays and Fridays
10:45 a.m. - 11:15 a.m.

Cost: \$1/per class & or
Monthly Pass must be purchased (cost varies by month)
\$25 minimum with purchase for any Debit/Credit
transactions.

Instructor has over 40 years of experience. For more information, call Gayle at (916) 687-6104. This class is sponsored by Galt Parks and Recreation Department, (209) 366-7180

PLEASE MAKE CHECKS PAYABLE TO:
CITY OF GALT



City of Galt, Parks & Recreation Department

610 Chabolla Ave., Galt, CA 95632
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www.ci.galt.ca.us

ADULT PARTICIPANT AGREEMENT

PARTICIPANT NAME _____

ADDRESS _____ CITY _____

HOME PHONE _____ WORK PHONE _____

E-MAIL ADDRESS: _____

CLASS/ACTIVITY _____

I (“Participant”) agree, to participate in the above mentioned activity or class sponsored by the City of Galt Department of Parks and Recreation (“Department”). I understand and agree to abide by the rules and regulations of the Galt Parks & Recreation Commission and the Department in the recreational activities mentioned above.

I understand that there are inherent risks in this activity or class and that the City shall not provide insurance. Therefore, I agree to save, keep and hold harmless the City, its officers, agents, employees and volunteers from all claims, demands, suits, causes of action, proceedings, damages, injuries, losses and liabilities of any kind, including, without limitation, bodily injury, in law or equity, resulting from or in any way arising out of or related to my participation in this activity or class. Further, I agree that the City will not be held liable for any accident, loss or damage, including, without limitation, bodily injury, to myself while participating in this activity or class.

This Participant Agreement shall be considered effective as of the date and time filed with the Department.

Refund requests will not be honored if it has been more than 90 days since registration and/or if the class/activity has begun. For every refund request that is processed, your amount will be reduced by \$17.00 for the service fee.

PARTICIPANT SIGNATURE _____

DATE _____