



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

# Fitness is Forever



This is a lively exercise class put to music for men and women. The program is specifically designed for those ages 50 and over, or for persons who need a limited exercise program. The emphasis will be on stretching, flexing and toning the body.

LOCATION: Chabolla Community Center

DAYS AND TIME: Mondays and Fridays 9:40 a.m. to 10:30 a.m.

COST: \$2/per class & or  
Monthly Pass must be purchased (Price varies by month)  
\$25 minimum 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 being offered by Galt Parks and Recreation Department, (209) 366-7180.

**PLEASE MAKE CHECKS PAYABLE TO:  
CITY OF GALT**



City of Galt, Parks & Recreation Dept.  
610 Chabolla Ave., Galt, CA 95632  
(209) 366-7180 [galtpandr@ci.galt.ca.us](mailto:galtpandr@ci.galt.ca.us)  
[www.ci.galt.ca.us](http://www.ci.galt.ca.us)

## PARTICIPANT AGREEMENT

PARTICIPANT NAME \_\_\_\_\_ AGE \_\_\_\_ BIRTH DATE \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

CLASS/ACTIVITY/SPORT \_\_\_\_\_

I give my permission for my child (“Participant”) to participate in the above mentioned activity, sport or class sponsored by the City of Galt Department of Parks and Recreation (“Department”). I understand and agree, on behalf of the Participant and myself as parent/guardian, 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, sport or class and that the City shall not provide insurance. Therefore, I agree, on behalf of the Participant and myself as parent/guardian, 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 the Participant’s participation in this activity, sport 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 the Participant while participating in this activity, sport 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.

PARENT/GUARDIAN/PARTICIPANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_