

**Boxborough Council on Aging Exercise Program
Summer 2021 Registration Form
ZOOM Fitness with Holly – Level 1 and Level 2**

Summer ZOOM Fitness with Holly is offered through the Council on Aging from Tuesday 6/1/21 to Friday 8/31/21. *No classes will be held July 2 through July 16.* If class must be canceled, the instructor will notify registered participants by email as soon as possible. Unless otherwise discussed, the session will be extended to make up for canceled classes. **THESE ARE VIRTUAL ONLY CLASSES HELD VIA ZOOM.** The instructor will email you a Zoom link to classes.

Class Schedule

- Fitness with Holly Level 1: Tues and Fri 10:30-11:30am (modifications are shown for those who may use a chair)
- Fitness with Holly Level 2: Mon, Wed, Fri 9-10am

Class size is limited; a waitlist will be maintained on a first-come, first-serve basis if classes reach maximum registration limits. Boxborough residents have first priority for registration.

Participants must register for the full session and pay prior to the first class. Must pay for Full Session even if you have a planned absence. No Pro-Rated Fees.

Class Session Fees (check one)

1-class per week \$48____ 2-classes per week \$84____ 3-classes per week \$108____

Please check the Fitness Level and days you plan to attend.

Fitness with Holly Level 1: Tuesday____ Friday____

Fitness with Holly Level 2: Monday ____ Wednesday ____ Friday____

**Checks payable to Town of Boxborough and returned to Boxborough COA, 29 Middle Road, Boxborough, MA, 01719
COA Contact: Cindy Regan, 978-264-1730 or cregan@boxborough-ma.gov**

Please provide the following information to complete your registration

Name:		Birthdate:
Address:		
Phone number:	Email address:	

Emergency Contact Information

Name:	Phone number:
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Please complete the waiver on the reverse side



Town of Boxborough
RELEASE FROM LIABILITY INDEMNITY
AND HOLD HARMLESS AGREEMENT (required)

I, _____ in consideration of my participation in **Council on Aging Virtual Programs** do for RELEASE, acquit, discharge and covenant to hold harmless the Town of Boxborough ("Town"), a municipal corporation of the Commonwealth of Massachusetts, and its successors, departments, officers, employees, servants, attorneys and agents, of and from any and all actions, cause of action, claims, demands, damages, costs, loss of services, expenses and compensation on account of or in any way arising out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have or may acquire, resulting or to result from said participation in the aforementioned activities. Furthermore, I hereby agree to protect the Town and its successors, departments, officers, employees, servants, attorneys and agents from any injury to any party in connection with said participation in the aforementioned activities and to INDEMNIFY, reimburse or make good to the Town or its successors, departments, officers, employees, servants and agency any loss or damage or costs, including attorneys' fees, which the Town or its representatives may have to pay if any litigation arises from said participation in the aforementioned activities. *I understand that I am signing up for virtual exercise classes and I am responsible for monitoring myself to take breaks and modify exercises as needed.*

Digital Signature: _____ **Date:** _____
Type your name above

Emergency Authorization (required)

Medical authorization & physical condition identification:

I authorize whatever medical care may be necessary in the event of an emergency. I acknowledge that insurance is not provided by the Town of Boxborough, the Council on Aging, its staff or volunteers for this program. I accept the responsibility for payment of any medical expense.

Digital Signature: _____ **Date:** _____
Type your name above

Optional Photo Release

I, _____, hereby authorize the Town of Boxborough's Council on Aging to publish photographs taken during programs. I acknowledge that since participation in publications and the town website produced by the Town of Boxborough is voluntary, I will not receive financial compensation. I further agree that participation in any publications and website produced by the Town confers no rights of ownership whatsoever.

Digital Signature: _____ **Date:** _____
Type your name above

Please return your completed registration form and payment to
Council on Aging, 29 Middle Road, Boxborough.