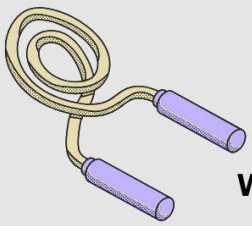
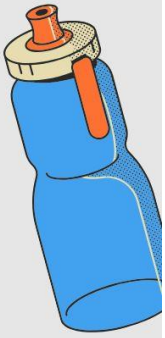
CITY OF GALT
PARKS & RECREATION

BANDED TOGETHER FITNESS

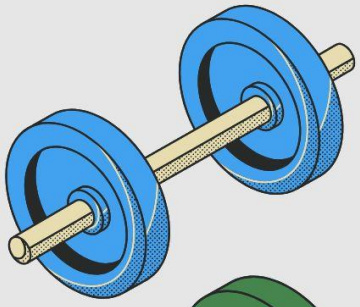
55 years +

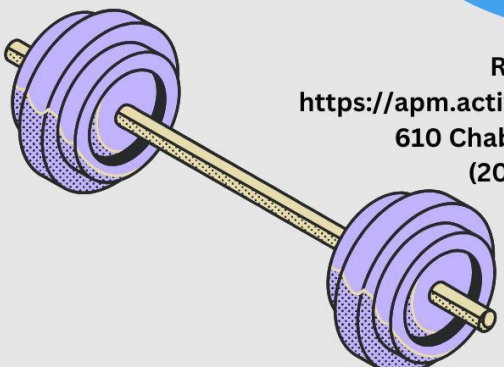


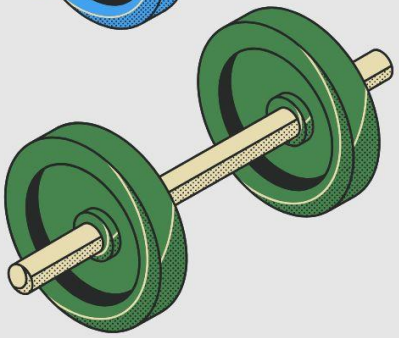


In this new class, we will use a variety of bands, light dumbbells and sub maximal body weight exercises for a full body workout. This class is a mixture done seated and standing. We will also work on balance and strength building for a more active lifestyle. All fitness and ability levels are welcome; whether you get around with a walker or just finished a 5K, you will get a great workout.

$120
September 15-December 8
no class 10/13
2:00-3:00pm
Moran/Biederman Classroom
P&R Office







Register at:
https://apm.activecommunities.com/galt
610 Chabolla Avenue, Galt
(209)366-7180

City of Galt, Parks & Recreation Department
610 Chabolla Ave., Galt, CA 95632
(209) 366-7180 galtpandr@cityofgalt.org
www.cityofgalt.org

PARTICIPANT AGREEMENT

Please Print

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 $25.00 for the service fee.

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The City of Galt Parks & Recreation Department "City of Galt" has created new protocols and put in place preventative measures to reduce the spread of COVID-19; however, the City of Galt cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending any program may increase your child(ren)s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to, or infected by COVID-19 by attending the City of Galt program, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the City of Galt program may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City of Galt employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)s attendance at the City of Galt program. On my behalf, and on behalf of my child(ren)s, I hereby release, covenant not to sue, discharge, and hold harmless City of Galt, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the City of Galt, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any City of Galt program.

_____ _____

PARENT/GUARDIAN/PARTICIPANT SIGNATURE DATE