



Richmond Parks & Recreation **STRETCH & FLEX**

Morning stretching, light floor exercises, no impact, dynamic tension exercises, increases flexibility. Class is targeted for Active Older Adults & Senior Citizens.

<u>Session 1</u>	<u>Session 2</u>
\$35.00	\$35.00
Time: 9:00-9:35am	Time: 9:00-9:35am
Dates: 1/7, 1/9, 1/14, 1/16, 1/21, 1/23, 1/28, 1/30, 2/4, 2/6	Dates: 2/11, 2/13, 2/18, 2/20, 2/25, 2/27, 3/4, 3/6, 3/11, 3/13
<input type="checkbox"/>	<input type="checkbox"/>

Stretch & Flex Packages: 1 Session: \$35.00, 2 sessions (all 20 individual exercise classes):\$55.00, one single exercise class: \$5.00.

** Please check a box (above) to represent the session you will be attending.*

**Must have at least five participants sign up per session.*

REGISTRATION DEADLINE: 12/30/24 for Session 1 & 1/31/25 for Session 2

Name _____

Date of Birth: ____/____/____ Age: _____ Gender M/F: _____

Address _____ City _____ Home Phone _____

Work Phone _____ Cell Phone _____ Alternate Cell Phone _____

E-mail _____

Emergency Contact _____ Phone _____ Alternate Phone _____

Please list any health concerns the Parks & Recreation Department & instructors should be aware of:

As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, Covid-19, damage or loss which may be sustained as a result of participating in the program. I am aware that the instructors are not certified trainers and I hereby waive, release, absolve, indemnify and agree to hold harmless the Richmond Parks & Recreation Department, City of Richmond, the organizers, sponsors, supervisors, participants and instructors for any claim arising out of any injury to myself whether the result of negligence or any other cause. I have read and fully understand the above program details and waive and release all claims.

Signature _____ Date _____

PROGRAM POLICIES: The Richmond Parks & Recreation Department reserves the right to cancel, combine or divide classes or programs; to change the time, date, fee or place of meeting or to make necessary revisions in any program when necessary. No Refunds!

Please return to: City Hall-205 Summit St. Richmond, MO 64085.

Make checks payable to: **City Of Richmond**

Office Use Only

Amount paid \$ _____ Date Recorded _____ By _____

Stretch & Flex Revenue: 10-21-07-4491