



Exercise Enrollment – Spring Term 2019

Apr 15 – Jun 27, 2019

(No classes week of Memorial Day holiday)

Red Soil Campus

Name (Please print):	Employee ID:
Dept/Div:	Phone:
ID Badge Control Number:	Email:

The control number is the first group of five numbers on the back of your access/ID card

Select your desired class(es). Classes are held in the Wellness Exercise Room (WER) located in the Development Services Building (DSB) unless otherwise indicated. Direct any questions to wellness@clackamas.us or 503.655.8550, option 1.

<p>Yoga / Fee: \$50</p> <p><input type="checkbox"/> Mondays - 12:10-12:55 pm</p> <p><input type="checkbox"/> Mondays - 1:10-1:55 pm</p> <p><input type="checkbox"/> Wednesdays - 12:10-12:55 pm</p> <p>Checks payable to: Linda Pomeroy</p>	<p>Pilates / Class Fee: \$30</p> <p><input type="checkbox"/> Mondays - 5:20-5:50 pm</p> <p><input type="checkbox"/> Mondays - 5:55-6:25 pm</p> <p>Checks payable to: Stacy Rabe</p>
<p>Stretch n' Flex / Fee: \$30</p> <p><input type="checkbox"/> Wednesdays - 11:35 am-12:05 pm</p> <p>Checks payable to: Linda Pomeroy</p>	<p>Better Body Boot Camp / Fee: \$90 for 1 day a week or \$160 for 2 days a week</p> <p><input type="checkbox"/> Tuesdays - 12:10-12:55 pm</p> <p><input type="checkbox"/> Thursdays - 12:10-12:55 pm</p> <p><i>Class Location: 1610 Red Soils Ct, Oregon City</i></p> <p>Checks payable to: Better Body Fitness NW</p>
<p>Yoga Strength / Fee: \$50</p> <p><input type="checkbox"/> Wednesdays - 1:10-1:55 pm</p> <p>Checks payable to: Linda Pomeroy</p>	

Return enrollment form and payment to: HR-Benefits & Wellness at the Red Soils Campus, PSB – Suite 310

For information on retiree and adult benefit eligible family members visit the [Wellness](#) website.

AGREEMENT: I acknowledge I am voluntarily participating in exercise classes held during lunch times or after hours and not on paid time. I have read and understand the [refund policy](#). I am advised to consult with a health care provider before participating in any exercise class.

ASSUMPTION OF RISK: I understand there are risks related to any form of physical activity. Risks include, but are not limited to, injury or death to me or another participant. I am aware of these risks, whether or not specified herein, and voluntarily assume full responsibility for these risks and any injury or death that may result from my participation in the aforementioned exercise classes. As a result, I accept financial responsibility for any injury that I may cause either to myself or to any other participant due to my acts or omissions.

RELEASE AND HOLD HARMLESS: In consideration for the use of Clackamas County facilities for the exercise classes described above, I hereby fully and forever agree to release and hold harmless Clackamas County, its Commissioners, officers, employees, and agents from any and all actions, causes of action, claims, demands, damages, costs, of any nature whatsoever, whether known or unknown, arising out of or in any way connected with my participation in said activities. This release shall be binding upon myself, my successors, representatives, heirs, executors, assigns or transferees.

I have carefully read this agreement and fully understand its contents. I am aware that this is an assumption of risk and release of liability agreement, and that it may affect my legal rights and remedies and I sign it of my own free will.

Participant Signature	Date