

**Exercise Enrollment – Winter Term 2019** 

Apr 15 – Jun 28, 2019

(No classes week of Memorial Day holiday) Health Centers, Brooks and Soil & Water

Name (Please print):	Employee ID:
Dept/Div:	Phone:

Select your desired class(es). Payment is due at time of registration to reserve space. Make checks payable to Working with Yoga (WWY). Direct any questions to <u>wellness@clackamas.us</u> or 503.655.8550, option 1.

Beavercreek - Yoga / Fee: \$50	Soil & Water Conservation - Yoga / Class Fee: \$30
110 Beavercreek Rd, Ste 100, OC - Education Room	211 Molalla Ave, Ste 102, Oregon City
Mondays - 1:05-1:50 pm	Thursdays - 12:10-12:40 pm
Site Contact: Hazel Whitman	Site Contact: Cathy McQueeney
Sunnyside - Yoga / Fee: \$50 9775 SE Sunnyside Rd, Clackamas - Conference Room Fridays - 1:30-2:15 pm Site Contact: Kelli Scott Sandy - Yoga / Fee: \$50 38872 Proctor Blvd, Sandy Tuesdays - 5:30-6:15 pm Site Contact: Candia Hills	SO Brooks Building - Yoga / Fee: \$50 9101 SE Sunnybrook Blvd, Clackamas - Room 466 Wednesdays - 11:00-11:45 pm Site Contact: Sheila Burnum This class is only available to Sheriff's Office employees

**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 <u>Wellness</u> 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 <u>refund policy</u>. 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.