



- FREE and fun fitness activities. Learn a new activity – no pressure, no competition
- Connect with others and pick up mindfulness tips
- Return completed registration form to the front desk of the Petersen Family Wellness Center **before February 13, 2018** or mail to:
 Petersen Family Wellness Center
 1213 Chatburn Avenue
 Harlan, IA 51537
- Petersen Family Wellness Center membership is not required to participate in Move More Shelby County activities.
- Please bring a non-perishable food item for the West Central Community Action Food Pantry. Needed items include canned meats, beans, peanut butter and fruit cups.

Participant Information

First Name

Last Name

Age

Address

City, State

Zip Code

Day Phone

Cell Phone

Email Address

Emergency Contact Name and Phone Number

Activities

Activity – please check	Event Description
<input type="checkbox"/> Fitness Walk	<ul style="list-style-type: none"> • Location: Petersen Family Wellness Center Track • 1 or 2 mile non-competitive walk • Open walk times between 8:30 am and Noon
<input type="checkbox"/> Zumba	<ul style="list-style-type: none"> • Location: Petersen Family Wellness Group Exercise Room • Instructor: Mary Petersen • 9:00 a.m. – 9:45 a.m.

<input type="checkbox"/> Self –Defense Basics	<ul style="list-style-type: none"> • Location: Petersen Family Wellness Center Gym • Instructors: Nate Christensen & members of the Shelby County Sheriff’s Department • 10:00 – 11:00 a.m.
<input type="checkbox"/> Beginning Yoga	<ul style="list-style-type: none"> • Location: Petersen Family Wellness Center Group Exercise Room • Instructor: Pat Hemminger • 11:00 a.m. – 11:30 a.m.
<input type="checkbox"/> Pickleball Demonstration	<ul style="list-style-type: none"> • Location: Petersen Family Wellness Center Gym • Instructor: Jeff Branstetter • Open times between 8:30 am and Noon

Release of Liability

I. In consideration of being allowed to participate in the activities and programs of the Shelby County Wellness Alliance and to use the Petersen Family Wellness Center facilities and equipment, I do hereby waive, release and forever discharge the Shelby County Wellness Alliance, their Directors, the Petersen Family Wellness Center and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of the Shelby County Wellness Alliance or the use of any equipment at Petersen Family Wellness Center.

(Please initial) _____

II. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

(Please initial) _____

III. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of the Shelby County Wellness Alliance except as hereinafter stated. I acknowledge that I have either had a physical examination and have been given a physician’s permission to participate, or that I have decided to participate in activity and/ or use of equipment without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment in my activities.

(Please initial) _____

The undersigned Participant acknowledges that Participant has read and will comply with the above terms.

Participant Signature: _____ **Date:** _____

THANK YOU FOR SIGNING UP FOR MOVE MORE SHELBY COUNTY