



The Mount Laurel Community Center is happy to announce that Zumba Gold classes will resume on February 8, 2016 and will run for 8 weeks on both Tuesdays and Thursdays. The cost per course day selected is \$25.00 for the 8 week session.

We are excited to welcome Barbara Shapiro as our Zumba Gold Teacher. Mrs. Shapiro comes highly recommended, certified and experienced. Please help us welcome her to our Mount Laurel Senior Center Family.



MOUNT LAUREL TOWNSHIP
Parks & Recreation Department
100 Mount Laurel Road Mount Laurel, NJ 08054
Phone: (856) 234-0001 ext. 1220 – Fax: (856) 234-8240
www.mountlaurel.com

ZUMBA GOLD CLASS

Mount Laurel Senior Center
Class Registration Form
MUST BE FILLED OUT WITH ALL INFORMATION!!!

NAME _____

ADDRESS _____

PHONE # _____

CLASS _____

SEMESTER Winter 1 Semester 02/08/2016 to 04/01/2016

YEAR 2015

****PLEASE CHECK ALL THAT APPLY****

DAY TUESDAY _____ X \$25.00
THURSDAY _____ X \$25.00

TIME 9 to 10

TOTAL FEE \$ _____

- All classes must be paid by the first day of the session.
- Make all checks payable to **MOUNT LAUREL TOWNSHIP.**
- Please fill out the ***HOLD HARMLESS WAIVER*** agreement on the back of this registration form.

For Office Use Only

Received by: _____ Date: _____ Check #: _____



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HOLD HARMLESS
AND LIABILITY RELEASE AND WAIVER AGREEMENT

I, _____, have voluntarily registered as a participant in the PROGRAM at Mount Laurel Township Senior Center. I certify that I am fully aware of and understand the inherent risk in participating in the program.

I understand and agree that neither Mount Laurel Township, the instructors, any other student, or any other individual or entity associated with Mount Laurel Township, may be held liable in any way for any occurrence or event in connection with my participation in classes which may result in injury or damages to me.

Furthermore, I will hold harmless the above-mentioned parties from any claim by me or any entity on behalf of myself arising out of my participation in the program. I further state that I am of lawful age and legally competent to sign this agreement and that my signing this agreement is my own free act. I also understand and agree that the terms herein are contractual and they are not a mere recital or simply for information purposes.

I have read, understood and fully understand the contents of this agreement. I assume the responsibility for my physical condition and capability to perform under the program. In consideration of the aforementioned activities I agree to indemnify and save harmless Mount Laurel Township, the organizers of the program, the instructors, other participants in the program, or their agents, against any claim for injury and/or damages, compensatory or otherwise.

Printed name: _____

Signature: _____ Date: _____