

# Youth Strength & Conditioning Classes

## Summer 2017

Improve your overall strength, fitness, and performance by attending these strength and conditioning classes. Attendees will learn proper acceleration and running techniques by focusing on correct form, core strength, mechanics, and breathing. A variety of training techniques and tools will be utilized including resistance bands, TRX suspension trainers, agility ladders, mini hurdles, medicine balls and body weight.

### Check the box of which session(s) you will be attending:

#### SUMMER SESSION 1:

Ages (12-17) June 13 - July 20 (Tues/Thur 9:00-10:00 am) **\$197.00**

#### SUMMER SESSION 2:

Ages (12-17) July 25 – August 24 (Tues/Thur 9:00-10:00 am) **\$167.00**



To Register: Drop off or mail form (2 pages) with payment to:

#### **The Body Project Studio**

525 Diffley Road, Suite #2060, Eagan, MN 55123

*Make checks payable to The Body Project. (Credit card payment accepted at The Body Project).*

*Questions? Call 952-220-7201*

## Registration Information

(Please print clearly)

Participant Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

Contact Phone Number during sessions in case of emergency \_\_\_\_\_

My child can be picked up by \_\_\_\_\_

**Waiver and Release.** I acknowledge and agree that: By signing this document, I declare that I have no known medical problems that would preclude my participation in the Program, and the information provided to The Body Project regarding my medical history and physical condition is, to the best of my knowledge, true and correct. My Participation in The Body Project program is voluntary and I assume all risk of injury or contraction of any illness or medical condition that may result, or the aggravation of any pre-existing medical condition I may have, or any damage, loss or theft of any personal property resulting or arising out of my participation in the Program.

I hereby, on behalf of myself, personal representatives, heirs, executors, administrators, agents and assigns, forever release and discharge The Body Project, its affiliates, employees, agents, representatives, successors and assigns from any and all claims or causes of action (known or unknown) that I may now have or will have in the future as a result of The Body Project's negligence. This waiver and release of liability includes, but is not limited to, injuries that result from (a) use of any exercise equipment or facilities provided by AMI; (b) use of any exercise equipment or facilities which may malfunction, (c) The Body Projects improper maintenance of any exercise equipment or facilities, (d) any negligent instruction or supervision provided by The Body Project, and (e) any injuries which occur because of slipping and falling while on The Body Project premises or equipment. I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A COMPLETE RELEASE OF LIABILITY. THAT I HEREBY WAIVE ANY RIGHT THAT I MAY NOW HAVE OR WILL HAVE TO BRING ANY LEGAL ACTION AGAINST The Body Project, ITS EMPLOYEES, AGENTS, SUCCESSORS OR ASSIGNS, FOR ANY LIABILITIES THAT MAY RESULT, WHETHER DIRECTLY or indirectly from The Body Project's negligence.

Parent Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## LIABILITY RELEASE FORM

MMS Properties- Hawthorne Ridge, LLC and its property management company, Martha O. Anderson Properties, Inc. DBA/Anderson Property Management require this release from each individual who participates in fitness activities under the supervision of Cellular Health & Fitness/The Body Project and or any activities provided by Dance-Twirl Minnesota.

Fitness activities under the supervision of Cellular Health & Fitness/The Body Project or Dance-Twirl Minnesota for any activities taking place outside the Tenant's Premises and on or within the common property owned by MMS Properties- Hawthorne Ridge, LLC located 525 Diffley Road, Eagan, Minnesota 55123 are subject to this liability release.

**Participant's Name:**

**Participant's Tenant association:**

\_\_\_\_\_

The Body Project  
\_\_\_\_\_

(please print)

(please print)

I understand that participation or use of the physical fitness equipment and/or fitness classes and/or any classes outside the Tenant's premises and on the common property may be hazardous for the above named participant.

In signing below, I assume all risk of harm or injury which may occur to the participant as a result of the use or participating in the above-named event or activity. I hereby release MMS Properties- Hawthorne Ridge, LLC and Martha O. Anderson Properties, Inc. dba Anderson Property Management and its officers, employees or agents from any and all liability, costs and damages resulting from this individual's participation.

I also give my consent for the Business or Organization to seek emergency treatment for any injuries the participant may sustain and I agree to accept financial responsibility for the costs related to this emergency treatment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date