 Workin’ it with Wendy!

June 28 – July 29

Are you looking to improve your fitness, tone that body, and even build your energy in a safe and fun outdoor workout class?  You have come to the right spot.  Wendy Spence is offering a 5-week fitness session to help you get back on track. “Workin it with Wendy” is an “Old School” fitness program for every level - from novice to advanced, ages 18 and older. Throughout the 5-week program, she’ll introduce a variety of workout styles to interest everyone: “Old School” basic calisthenics, HIIT (high intensity interval training), Tabata (work/rest timed rounds), and full body weight workouts.  Wendy will also include the use of hand weights and bands (provided), to tone and strengthen muscles. She will demonstrate modifications for beginners and those who want more of a challenge. By meeting everyone where they are, the workout becomes individualized, even in a group setting.

Wendy’s passion & coaching focuses on a positive mind set, improving physical health, and overall wellbeing. She’s been coaching HS athletics & privately over 20 years (holding NHIAA, Sports First Aid & CPR/AED certifications).  Workin’ it with Wendy will be a great way to start your day, get your blood pumping and your body moving.

“Working it with Wendy” is 5-weeks, Monday, June 28 to Thursday, July 29; 8:30 – 9:30 am or 9:45 – 10:45 am on the lower field at the Raymond Middle School. The cost is $50 for the 5 weeks (any or all days) or $15 per class for drop-ins. Please wear comfortable athletic gear, bring a mat and have plenty of water. (if you choose to up your game please feel free to bring your own dumbbells & bands.

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# **Participant’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_ 8:30-9:30 \_\_\_\_\_\_\_ 9:45-10:45

## RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration of the permission granted. to the participant named above to participate in the “Working it with Wendy” program, I/we SHALL RELEASE, WAIVE DISCHARGE AND COVENANT NOT TO SUE the Town of Raymond, Recreation Department, their agent and employees from all liability for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the named participant except in the case of gross or willful wanton negligence of the Town of Raymond, Recreation Department its agents and employee or otherwise while the named participant participates in the above named program.

I/we further agree to indemnify the Town of Raymond, Recreation Department, their agents and employees from any and all liability, loss or damage including but not limited to bodily injury, illness, death or property damage which the Town of Raymond, Recreation Department, their agents and employees become legally obligated to pay including reasonable attorneys' fees and costs, as a result of claims, demands, costs or judgments, against the Town of Raymond, Recreation Department, their agents and employees on account of injury to the person or property or resulting in the death of the named participant except in the case of gross or willful wanton negligence of the Town of Raymond, Recreation Department, their agents or employees and whether or not such liability is sole, joint or several.

I/we am aware that participation in this program may present a strain on my body, or its parts and therefore I represent to the Town of Raymond, Recreation Department that to the best of my knowledge, I am in a proper physical condition to participate and that I/we assume the risk of participating. I/we understand that the above program involves traveling to various activity sites. I/we will accept full responsibility for transportation to and from these activities and I/we release, indemnify and hold harmless and persons providing such transportation. If it is impossible to contact me and it is an emergency, I/we hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for my safety.

I/we, the undersigned, have read this release and understand all its terms. I/we execute it voluntarily and with full knowledge of its significance. I/we have executed this release on this date indicated next to my/our names.

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Signature of Participant Date