



Barre Necessity

Welcome to Barre Necessity... We love barre and offer 3 Fun Class styles to keep your body moving!

Barre 101: We focus on alignment and form in a slower pace to make sure you get the most out of your movements.

Barre Intensity: Combining attributes of Pilates, Dance and Functional Fitness training. (Barre 101) Then adding large range of motion to elevate the heart rate, and sequencing that incorporates upper and lower body to make every minute count. (this is your cardio barre class)

Barre Fusion: We combine barre elements with added props to provide a workout that is fun and unique.

The instructor for this course is Linda J. Richards. A former dance enthusiast, Linda found the Barre workout and fell in love with it immediately. After being a student of barre, she took her instructor training and is now excited to bring Barre to you!

Please wear pants, leggings or capris that you are comfortable in (no shorts) and workout tank or T-shirt. Sticky Socks are required (No Bare feet) A Barre & fitness balls are provided, please bring a yoga mat & 2lb or 3 lb. hand weights (optional). Also bring water, possibly a sweat towel & a fun attitude.

This **10-week class** will be held **Wednesdays @ 7pm & Saturdays @ 8am Iber Goves Middle School Café** from **Sept. 4th, 2019 to November 16th, 2019**. Full session or Class Packs are available as follow. Punch cards will be given depending on class pack chosen.

Drop-ins are \$9.00 and will need to sign-in on waiver before class

_____ **10 Week Unlimited Session - \$100.00 (\$5.00 per class)** _____ **15 Class Pack - \$90.00 (\$6.00 per class)**

_____ **10 Class Pack - \$70.00 (\$7.00 per class)** _____ **5 Class Pack - \$40.00 (\$8.00 per class)**

----- Barre Necessity – Sept-Nov. -----

Participant's Name _____ Phone _____

Address _____

E-mail: _____ Date of Birth: _____

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration of the permission granted to the participant named above to participate in the Ballroom Dance 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.

Signature of Participant

Date