



BOROUGH OF KEYPORT
70 West Front Street, P.O. Box 60
Keyport, NJ 07735
(732) 739-3900

2022 WATERFRONT PARK TAI CHI APPLICATION
Classes start on June 17th, 2022 and end on September 2, 2022
8am, Fridays (30 Minute Class)
(please note the change of day for the class)

To register: Students registering for the full twelve (12) week session at a cost of \$ 50.00 must complete this form and return it to the Borough of Keyport, 70 West Front Street, in the Administration office or mail in payment and a self-addressed envelope and we will mail the ID card back to you.

Payment/ Class Policies: Checks, cash or money orders are accepted forms of payment. Checks are payable to Keyport Recreation. There are no refunds granted, you will be charged \$25.00 for checks that are returned for insufficient funds. Classes begin on time.

Applicant Name: _____

Address: _____

Are you a resident of the Borough of Keyport? YES NO

Phone(s): _____

E-mail(s): _____

Alternate Emergency Contact Person: _____

Phone(s): _____

E-mail(s): _____

Signature and Waiver (all students must sign and date the following): I certify that the above named student is in good health and/or has received their doctor's approval to participate in classes. I hereby release Stress Free Body and the Borough of Keyport from all liability for personal injury, illness or property.

OFFICE USE ONLY		MEMBERSHIP #:
APPLICATION RECEIVED: _____	BY: _____	
PAYMENT RECEIVED: _____	BY: _____	
AMOUNT \$	<input type="checkbox"/> Cash	<input type="checkbox"/> Check #



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Stress Free Body

**Assumption of the Risk and Waiver of Liability
Relating Yoga Practice and COVID-19**

I understand that Yoga and Tai Chi include physical movements as well as an opportunity for relaxation, stress reduction and relief of muscular tension. As with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor. I will continue to breathe smoothly. I assume full responsibility for any and all damages, which may arise through participation.

Neither Yoga nor Tai Chi are a substitute for medical attention, examination, diagnosis or treatment and may not be recommended or safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in such a fitness program. In addition, I will make the instructor aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate. I also affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Stress Free Body and its instructors.

I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of New Jersey. This waiver applies to all Stress Free Body, classes, workshops and events, in studio, online or outdoors.

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. It has been determined that COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact, including transmission by those believed to be asymptomatic. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Stress Free Body ("SFB") has created new protocols and put in place preventative measures to reduce the spread of COVID-19. Even with these measures in place, however, SFB cannot guarantee that you will not become infected with COVID-19.

By signing this agreement, I acknowledge:

1. I, nor any household members are CURRENTLY NOT experiencing ANY of the symptoms associated with Covid-19, including but not limited to: Dry Cough, Fever, Fatigue, Difficult Breathing, or Loss of Taste or Smell.
2. I, nor any of my household members, have NOT experienced ANY of the symptoms associated with Covid-19, including but not limited to: Dry Cough, Fever, Fatigue, Difficult Breathing, or Loss of Taste or Smell - WITHIN THE LAST 14 DAYS.
3. That the risk of becoming exposed to or infected by COVID-19 at an SFB event may result from the actions, omissions, or negligence of myself and others, including, but not limited to, SFB employees, and other participants in the event.
4. That SFB cannot guarantee that I will not become infected with COVID-19.
5. I agree to observe and obey all posted and announced rules and warnings with regard to COVID-19.
6. I agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation at the SFB event.
7. I hereby release, covenant not to sue, discharge, and hold harmless SFB, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to COVID-19.

Signature of Participant

Date

Print Name