



# Boot Camp Fitness Class

**September 3 - October 17**

**Tuesdays and Thursdays**

**3:45 – 4:45 p.m. in the Cafeteria**

Join us for a class that will teach you fun and exciting ways to get healthy! This class is open to all GHS students. Class size is limited, so grab a friend and sign up today! There is no cost to join the class. Students of all fitness levels are encouraged to try it out!

Prizes and incentives will be given throughout.

For more information or to sign up, see the school nurse or download registration form from the school website.



Goshen Hospital

\*Please return completed forms to the school nurse.\*



## Goshen Hospital

### REGISTRATION FORM and LIABILITY WAIVER/RELEASE

Class: GHS Boot Camp

Participant Name (Student): \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

The undersigned represents that they are physically sound, having no medical contraindications that would prohibit participation in the above- mentioned class or use of fitness equipment. The undersigned agrees that they have physician permission to participate in the class/use of equipment and take full responsibility for any necessary communication with their physician in that regard.

The undersigned hereby releases and discharges IU Health, Goshen Hospital, and Goshen Community Schools together with their successors, subsidiaries, officers, employees, representatives, or agents, of and from any and all claims of liability of any type whatsoever, including, but not limited to, property damage, physical injury, mental anguish, embarrassment, defamation and invasion of privacy, which the undersigned may suffer arising out of, based upon, resulting from, or in any way connected with the undersigned's participation in the class referenced above, including, but not limited to, any claim arising out of, based upon, resulting from or in any way connected with the negligence, omissions, or other acts of IU Health, Goshen Hospital and Goshen Community Schools, their successors, subsidiaries, officers, employees, representatives or agents, or the condition or any part of the premises where the above-referenced class is conducted. The undersigned further agrees and covenants not to sue IU Health, Goshen Hospital, and/or Goshen Community Schools, their successors, subsidiaries, officers, employees, representatives or agents, for any claim arising out of, based upon, resulting from, or in any way connected with the undersigned's participation in the above mentioned class.

\_\_\_\_\_  
Signature (Parent/Guardian if under 18 years)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name