

MARTIAL ARTS FITNESS FOR TEENS AND ADULTS
In consideration of my participation in the following activity:

Introduction to Martial Arts Fitness
Please circle the session(s) you are registering for.

Summer: July 8, 15, 29
Session 1: September 16, 23, October 21
Session 2: October 28, November 18, 25
Session 3: January 13, 27, February 10
Session 4: February 24, March 9, 16
Session 5: March 30, April 13, 20
Session 6: April 27, May 11, 18

The undersigned does release, acquit, discharge, and hold harmless the Town of Chester, the Chester Parks and Recreation Department, and any of its officers and employees from any actions, claims, damages, costs or expenses growing out of my participation in the said activity, due to the negligence of the Town of Chester, the Chester Parks and Recreation Department or its officers or employees. This release and agreement is binding upon myself, my heirs, executors, administrators or assigns. I agree to adhere to the program policies of the Chester Parks and Recreation Commission.

Signed this _____ day of _____, 2019

Mail this completed form to:
Chester Parks and Recreation, 203 Middlesex Avenue, Chester, CT 06412 or
parkrec@chesterct.org

PLEASE MAKE PAYMENT TO THE INSTRUCTOR: Tammy Marino
\$27 per 3 class session

Signature
Signature of guardian if under 18

Printed Name

Street Address

Town or City

Phone Number

e-mail address