

# TOWN OF RUSH RECREATION DEPARTMENT

## 2018 September-October Aerobics Classes

with Vickie Menz

7 week class session

When:	Time:	Cost:
<input type="checkbox"/> <b>Tuesdays</b> <b>September 11<sup>th</sup>-October 23<sup>rd</sup></b>  <input type="checkbox"/> <b>Thursdays</b> <b>September 6<sup>th</sup>-October 25<sup>th</sup> (no class</b> <b>September 13<sup>th</sup>)</b>	<b>6:15PM-7:15PM</b>	<b>1 Day/Week:</b> <b>Cost: \$28 Resident</b> <b>\$32 Non-Resident</b>
<input type="checkbox"/> <b>Tuesdays and Thursdays</b>	<b>6:15PM-7:15PM</b>	<b>2 days/Week: \$44 Resident</b> <b>\$47 Non-Resident</b>

All Classes will be held at the Town of Rush Pavilion  
 1900 Rush Scottsville Rd, Rush, New York 14543

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

I, the participant of the Rush aerobics' class acknowledge that I fully understand any and all risks which are or may be associated with this program. I represent to the Town of Rush and the Rush Recreation Program that I know of no medical condition which could or should prevent me from participating in said program.

I further, hereby release, indemnify and hold harmless the Town of Rush and the Rush Recreation Program's respective officers, employees, officials, boards, commissions, committees, and any members of the same and the instructors, contracted employees, and counselors, conducting or taking part in the program. In the case of injury to myself, I hereby waive all claims against each and all of the above-mentioned persons or entities.

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Checks payable to: Rush Town Clerk  
 Mail to: Rush Town Hall,  
 5977 East Henrietta Road  
 Rush, NY, 14543