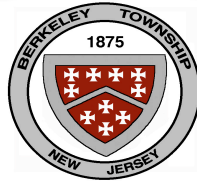


Senior Exercise Program



Name: _____

Address: _____ City _____ Zip Code: _____

Home Phone#: _____ Emergency Name & #: _____

Please list any health conditions that may limit or affect participation in the Berkeley Senior Exercise Program: _____

Registration Fee: \$10.00 (Checks payable to Berkeley Township)

**Please give your completed form and check to Veronica, or mail to:
Berkeley Township Recreation
P.O. Box B
Bayville, NJ 08721**

Any questions, please call 732-269-7077

Agreement to Participate: I hereby give my approval to participate in activities associated with this program. I resume all risks & hazards incidental to participating, & I do hereby waive, release, absolve, indemnify, & agree to hold harmless Berkeley Township any and all Recreation employees, participants, etc. whether the result of negligence or any other cause, except to the extent and amount by the township's secondary insurance.

Signature