

# TRX

★  
**SMALL GROUP TRAINING**  
W/ PERSONAL TRAINER HEIDI  
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JOIN HEIDI FOR A SMALL GROUP TRAINING TRX CAMP THAT INCLUDES A HALF HOUR INSTRUCTIONAL SESSION ON THE STRAPS FOLLOWED BY AN HOUR BUTT-KICKING WORKOUT.

SHE WILL TAKE YOU THROUGH EACH INDIVIDUAL EXERCISE AND SHOW YOU THE CORRECT FORM TO GET THE MOST OUT OF THE MOVEMENT. BODY FAT TESTING AND MEASUREMENTS IF REQUESTED. AFTER YOU WILL BE PUT TO THE TEST TO SEE IF YOU CAN CARRY OVER YOUR NEW KNOWLEDGE TO A GREAT WORK OUT THAT WILL TRIM, TONE, AND BUILD.

TRX IS A FUN, FULL BODY WORKOUT THAT WILL GIVE YOU THE VARIETY IN YOUR ROUTINE THAT YOU ARE LOOKING FOR. CLASS SPACE IS LIMITED, SO SIGN UP TODAY!

## SEPTEMBER

COST: \$40 (4 SESSIONS)

WHO: 16 AND OLDER

WHEN: 10:00 AM– 11:30 AM

**THURSDAYS** IN SEPT. 7, 14, 21, 28

**\*SESSION STARTS SEPTEMBER 7\***



For inclusion opportunities for people with disabilities, contact Ashley at 385-468-1520 or abowen@slco.org.

# TRX

## SMALL GROUP TRAINING

## W/ PERSONAL TRAINER HEDI

# SEPTEMBER 7, 14, 21, 28

Name of Participant \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_ Name of Parent or Guardian \_\_\_\_\_

E-mail \_\_\_\_\_ Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_



Check here to be contacted about inclusion opportunities for people with disabilities.

In Emergency Notify (other than Parent or Guardian)...

Name \_\_\_\_\_ Phone \_\_\_\_\_

### Youth Sports Registration Statement

#### Parental Statement of Agreement – Assumption of Risk, Liability Release and Refund Policy

**Assumption of Risk:** I hereby acknowledge and agree that my child's participation in recreational activities involves inherent foreseeable and unforeseeable risks and hazards which may expose my child, or me, to illness, injury, or death. In consideration of my child's participation in such activities, I for myself, my child, my heirs, my executors and administrators, freely and voluntarily agree to assume and accept any and all risks to my child or myself associated with my child's participation in Salt Lake County recreational activities.

**Release:** In consideration of my child's participation in the Salt Lake County recreational activities, I, for myself, my child, my heirs, my executors and administrators hereby release Salt Lake County and its officers, agents, and employees from any cause of action, claim, or demand of any nature whatsoever I or my child may now have, or have in the future, against Salt Lake County on account of personal injury, property damage, death, or accident of any kind, caused by, arising out of, or in any way related to my child's participation in Salt Lake County recreational activities.

**Indemnification:** In consideration of my child's participation in the Salt Lake County recreational activities, I agree to indemnify and hold harmless County, its officers, agents, and employees from any and all causes of action, claims, demands, losses, or costs of any nature whatever cause by, arising out of, or in any way related to my child's participation in the Salt Lake County recreational activities. I agree that my duty to defend and indemnify the County under this Agreement includes all attorney fees, litigation and court costs, expert witness fees, and any sums expended by or assessed against the County for the defense of any claim or to satisfy any settlement, arbitration award, or verdict paid or incurred on behalf of the County arising out of or in any way related to my child's participation in the Salt Lake County recreational activities.

**Refund:** Refunds may only be requested in person and must be accompanied by a written request. As per Salt Lake County policy and procedures the Parks and Recreation Division may withhold 25% of the refund (program registration fee) for administrative costs. No refunds shall be given after the first day of the program.

**Collections:** I agree to pay Salt Lake County all costs incurred, together with reasonable attorney's fees in the event that my account is referred for collection. I understand that any account delinquent 30 days or more will be turned over to collection.

**Emergency Treatment:** I hereby authorize Salt Lake Parks and Recreation program staff to act on my behalf in accordance with their best judgment in case of an emergency involving my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise therefrom.

**Media Consent:** I hereby grant permission to Salt Lake County to use my or my children's photograph, videotaped image, quotes/comments, or name for publicity and educational purposes in any and all publications and media without limit or compensation.

**Name Posting:** Unless otherwise indicated below, Salt Lake County is authorized to post or publish the name of my child participating in Salt Lake County recreational activities on the Salt Lake County website.

I do not authorize Salt Lake County to post or publish the name of my child participating in Salt Lake County recreational activities on the Salt Lake County website.

By signing this assumption of risk, liability release, and refund policy statement, I acknowledge that I have read its contents and disclosure, that I understand its contents and disclosure, and that I agree to its terms. If any portion of this Agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effect.

Name of Child Participant: \_\_\_\_\_ Signature (Parent or Legal Guardian): \_\_\_\_\_

OFFICE USE ONLY...Receipt No.	Amt.	By.	Date
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