**OFF-ICE WITH MARY WANAMAKER**

**WEDNESDAYS -** September 13 thru December 13\* (13 weeks)

\*Off Wednesday, November 22nd

* **Ballet/Jazz/Ultimate Stretch** 5:00 pm  $259

* **Cardio/Core** 6:00 pm $259
* **Both Classes $469**

\*$25 to walk-on per class

**Total enclosed: \_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_ Test Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Release of Liability**

I am aware that the hazards of doing off-ice training may include serious injury to bones, joints, ligaments, muscles, tendons, and other parts of the muscular skeletal system; and serious injury or impairment of organs and other parts of my body, with impact on my health and general well being. In consideration of Phillips Academy permitting me to use the Academy facility, I hereby voluntarily assume all risks associated with the use of the facility and agree to hold harmless the Academy, its agents, trustees, officers and employees from any and all liability, claims, causes of action or demands of any kind and any nature whatsoever which may arise from or in conjunction with my use of the facility, except in the event of gross negligence. The terms of the Agreement shall serve as a release and assumption of risk for me and all members of my family listed on this application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Parent/Guardian, if under 18 years of age) Date