

SUNRISE YOGA

Every Wednesday: **JULY 7TH – JULY 28TH**

6:30 – 7:30 A.M. in Clinton Square

SPONSORED BY:



YOU MUST PRINT THIS FORM + BRING TO THE EVENT WITH YOU IN ORDER TO PARTICIPATE
AGREEMENT TO PARTICIPATE IN SUNRISE YOGA CLASSES IN CLINTON SQUARE

Waiver: By signing this Agreement, I acknowledge and agree that I hereby absolve, release, hold harmless from any liability, and I waive any and all claims that I may have against, The Metro Fitness Club, the Syracuse City Parks & Recreation Department and all sponsors, instructors and staff, for responsibility for any discomfort, injury, harm, loss or inconvenience I may sustain as the result of my participation in any of the activities associated with this event.

Date: _____

Name (printed): _____

Name (signature): _____

E-mail (print clearly): _____

Phone #: _____

If you include your phone number, we will send you an automated text message if a class is cancelled due to inclement weather. All message and data rates apply.

MINOR CONSENT

I, the parent/guardian of the registrant, a minor, agree that the registrant and I hereby release, discharge and/or otherwise indemnify the Metro Fitness Club, The City of Syracuse, its affiliated organizations and sponsors, their employees and associated personnel, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Sunrise Yoga classes in Clinton Square.

Parent/Guardian Name (printed): _____

Parent/Guardian Name (signature): _____

Date: _____

Minor's Name (signature): _____

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