



# DE Turf Pilates

6-Week Core Pilates Class

February 21 – March 28, 2019

DE Turf Sports Complex, 4000 Bay Road, Frederica Delaware

Thursday Evenings from 5:30 p.m. to 6:30 p.m.

Instructor: Bonnie Ingram-Grubb

302-330-8873x101

What is Core Pilates? Pilates is a method of exercise that consists of low-impact flexibility and muscular strength and endurance movements. Pilates emphasizes proper postural alignment, core strength and muscle balance. By practicing Pilates regularly, you can achieve a number of health benefits, including:

- Improved core strength and stability
- Improved posture and balance
- Improved flexibility
- Prevention and treatment of back pain

## What Do You Need?

Participant should bring a mat, towel and bottle of water. Everyone will receive a DE Turf water bottle.

Registration Fee: \$40.00 for 6-weeks or \$15 per class. Pre-registration is required and cut-off date to register is February 21, 2019. Minimum of 10 and maximum of 18 participants. All participants must complete and sign the waiver attached to this registration form

Name of Registrant: \_\_\_\_\_

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

Email: \_\_\_\_\_ Tel: \_\_\_\_\_

Check: \_\_\_\_\_ Cash: \_\_\_\_\_

Mail registration and payment to: Attn: Bonnie Ingram-Grubb,  
DE Turf Sports Complex, 4000 Bay Road, Frederica, DE 19946 or  
register and pay online at [www.deturf.com/pilates](http://www.deturf.com/pilates).

• **KENT COUNTY REGIONAL SPORTS COMPLEX CORPORATION  
ASSUMPTION OF RISK, RELEASE, INDEMNIFICATION AND CONSENT AGREEMENT**

Sport/Activity: Pilates

Acknowledgment of Dangerous Activity. I am aware that playing or practicing in any sport can be a dangerous activity involving many risks and potential injury. I understand that the dangers and risks (the "**Risks**") of playing or practicing in the above-named sport and engaging in activities related to this sport (the "**Activities**") include, but are not limited to, death, serious neck and spinal injuries, which may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular-skeletal system and serious injury or impairment to other aspects of my body, general health and well-being. The Risks may be caused by my own actions or inactions, the actions or inactions of others participating in the Activities, the condition in which the Activities take place, or the negligence of one or more third parties and there may be other Risks and social and economic losses either not known to me or not readily foreseeable at this time.

Assumption of Risk & Release. In consideration of the Kent County Regional Sports Complex Corporation ("**KCRSCC**") permitting me (or, if applicable, my child) to engage in the Activities on its property, I hereby voluntarily assume all Risks associated with participation in the Activities. In case of an accident involving me (or, if applicable, my child) while participating in the Activities, and with full awareness of the Risks involved, I hereby fully and unconditionally release KCRSCC, its officers, directors, employees and agents (the "**Released Parties**") from any and all liability. I further agree that I will not sue any Released Party with respect to any claims released hereunder.

Permission for Medical Treatment. In case of an emergency (as determined by KCRSCC), I give permission to the Released Parties and any other KCRSCC personnel to have me (or, if applicable my child) transported to a medical facility for care and/or to take whatever other action is necessary, in their best judgment. I understand that KCRSCC does not provide medical insurance and that I will be responsible for all medical expenses incurred.

Indemnification. I hereby agree to indemnify, defend and hold harmless the Released Parties from any and all liability, medical expenses, claims, causes of action or demands of any kind and nature whatsoever that may arise by or in connection with my (or, if applicable, my child's) participation in the Activities.

Permission to Use Likeness. I understand that, while on KCRSCC's property, photographs, videos and telecasts may be made of me (or, if applicable, my child) alone or with others, and I hereby agree that all rights in such photographs, videos and/or telecasts, including, without limitation, rights of sale, reproduction, use and distribution, will belong to KCRSCC, which may make whatever use thereof as it desires. I hereby grant to KCRSCC, and its affiliates and licensees, the rights to disseminate, reproduce, record, exhibit, print and publish my (or, if applicable, my child's) name, likeness, voice and biographical information (other than street address) for any purposes, including advertising their respective products, services, and facilities.

Participant/Guardian Signature:

Date\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
(NOTE: Signature may be that of participant only if participant is 18 years of age or over; otherwise, the signature must be that of the parent or legal guardian of participant.)

\_\_\_\_\_  
(Print name of signatory and, if applicable, specify relationship to Participant)