



Group Fitness Class Pass Registration Form

LEGAL NAME (printed) _____

E-mail Address (please print clearly) _____

By submitting your e-mail address you will receive updates on class changes, building closures, special events, and facility announcements.

<p><u>Student Fees:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Intersession Class Pass \$25 <input type="checkbox"/> Fall/Spring Blue Jay or F45 Only \$60 <input type="checkbox"/> Fall/Spring ULTIMATE Class Pass \$100 <input type="checkbox"/> Summer Blue Jay or F45 Only \$45 <input type="checkbox"/> Summer ULTIMATE Class Pass \$85 	<p><u>Non-Student Fees:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Intersession Class Pass \$25 <input type="checkbox"/> Fall/Spring Blue Jay or F45 Only \$75 <input type="checkbox"/> Fall/Spring ULTIMATE Class Pass \$115 <input type="checkbox"/> Summer Blue Jay or F45 Only \$60 <input type="checkbox"/> Summer ULTIMATE Class Pass \$100
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Group Fitness Class Policies & Procedures

Please read each bullet point and initial your understanding.

Class Entry

- No refunds or replacements are available on fitness class passes after purchase. Initials
 - Fitness class pass plus a photo ID must be presented before participating in each class.
 - Please arrive to class on time. Participants will not be permitted to enter the class after 5 minutes. Yoga and spinning class participants may not enter the class after 3-minutes. _____
- There is no grace period for F45. Participants who miss the exercise demo may not participate.

Minimum Attendance for Class

- Two participants are required to hold class. A class with only one participant is considered private instruction and class will be modified to a length of 30-minutes.
- In the event that there are no participants at the time class begins, the instructor will wait 10-minutes before cancelling the class. _____

Reservations

- JH Rec* is the app we use for class reservations. Spots for classes with limited enrollment will be given to those who have registered on the app, followed by a first come, first served basis. Arrive on time! Once the class has started, reservations are forfeited and spots will be opened up to those waiting in line.
- If you have reserved a spot in class and do not intend to participate, please withdraw to allow another participant to take your spot. Participants who repeatedly reserve spots and *do not* show up will be penalized and will lose the ability to register in advance. _____

Participation

- Shirts, athletic footwear (unless noted by the instructor) and appropriate movement-oriented clothing are required. Jeans, cargo pants/shorts, and shoes with inadequate support or that do not cover the entire foot are not permitted.
- Please notify the instructor of any limitations you have that would inhibit your ability to participate fully in the class. Instructors will suggest modifications whenever possible. _____

* *The JH Rec app is FREE and available for iOS & Android on the iTunes Store & Google Play. Links available on jhu.edu/recreation.*



ACKNOWLEDGEMENT OF RISK

In consideration of being allowed to participate in any way in the Johns Hopkins University Recreation Fitness Class program, related events and activities, the undersigned participant acknowledges and willingly agrees that:

1. **I understand my participation in the O'Connor Recreation Center Fitness Class Program is entirely voluntary and not a required activity. I will comply with the stated and customary terms and conditions for participation in any activity at the O'Connor Recreation Center.** If however, I observe any hazard that could harm me or another person during my presence and participation, I will remove myself from participation and inform others as well the instructor or the Assistant Director for Fitness immediately.
2. I acknowledge, and fully understand that **I will be engaging in activities that involve physical risk of serious injury, including severe social and economic losses, permanent disability and death, which may result not only from my own actions, in-actions, or negligence, but the actions, in-actions, or negligence of others, the rules of play, the condition of the premises or any equipment used.** Further, I accept personal responsibility for the medical expense and other damages following such injury, permanent disability or death.
3. **I knowingly and freely assume all such risks, both known and unknown,** even those arising from the negligent acts or omissions of others, and assume full responsibility for my participation.
4. I, for myself and on behalf of heirs, assigns, personal representatives and next of kin, **hereby release, hold harmless The Johns Hopkins University and O'Connor Recreation Center,** its trustees, officers, employees, staff and camp counselors, employees, servants and agents, and if applicable the owners and lessors of the premises, all of which are to be referred to as "Releasees", **with respect to all and any injury, disability, death, loss or damage to person or property, which might arise out of my participation in the Fitness Class Program or related event,** to the fullest extent permitted by law.

INFORMED CONSENT TO MEDICAL TREATMENT

I hereby grant permission to The Johns Hopkins University officers, administrators, employees, instructors, Assistant Director for Fitness, counselors, trainers, and first responders to provide to me any medical or surgical care or treatment that they deem reasonably necessary to my health and well being.

I also hereby authorize the employees and staff of The Johns Hopkins University to perform any preventative first aid, rehabilitative or emergency treatment that they deem reasonable and necessary to my health. This includes treatment if I am injured or become ill while observing, exercising, or participating in activities offered by the Recreation Center. Also, when it is deemed reasonably necessary by a treating medical professional, I grant permission for hospitalization at an accredited hospital or other medical care facility.

This Agreement shall be governed by the laws of the State of Maryland without giving effect to any choice or conflict of law principles of any jurisdiction. This Agreement shall be construed as if drafted jointly by the parties and no presumption or burden of proof shall arise favoring or disfavoring any party by virtue of the authorship of any provision in this Agreement.

I have read this Release of Liability and Assumption of Risk Agreement, fully understand its terms. I also have read and understand this Consent to Medical Treatment and release personal medical information related to my participation at the Johns Hopkins University Ralph S. O'Connor Recreation Center.

Participant's Signature

Printed Name

Date

Parent/guardian signature if applicant is under legal age

Printed Name

Date