

# Beachwood Mayor's Wellness Campaign

in collaboration with [NJ Blue Cross Blue Shield](#) presents



## Dancing For Your Health for Seniors

**Monday, July 24th from 10:30-12:30**

### **Beachwood Community Center**

147 Compass Ave  
Beachwood, NJ 08722

Dancing for your health is a one hour long program.

We will discuss the benefits of dancing and keeping active while learning some fun dances!

Light lunch will be served after the program

**This program is free!!!**

Beachwood residents get first preference

For more information, please contact [groma@comcast.net](mailto:groma@comcast.net)

Registration information on reverse side



*Beachwood  
Mayors Wellness Campaign  
Putting our community in motion*



Horizon Blue Cross Blue Shield of New Jersey

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Emergency Contact Name and Phone: \_\_\_\_\_

**BOROUGH OF BEACHWOOD**

**1600 Pinewald Road**

**Beachwood, New Jersey 08722**

**BEACHWOOD MAYOR'S WELLNESS CAMPAIGN**

**WAIVER AGREEMENT**

In consideration of being permitted to participate in any way in the Beachwood Borough Mayor's Wellness Campaign, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, and discharge the Beachwood Mayor's Wellness Campaign, its officers, employees, and agents from liability from any and all claims including the negligence of the program, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death) and property loss arising from, but not limited to participation in the Beachwood Mayor's Wellness Campaign.

**Assumption of Risk:** Participation in the program carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary and range from minor injuries such as scratches, bruises, and sprains to major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks and concussions to catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in participating in the Beachwood Mayor's Wellness Campaign noted above. I hereby assert that my participation is voluntary and that knowingly assume all such risks.

**Indemnification and Hold Harmless:** I agree to defend, indemnify, and hold harmless the Borough of Beachwood and its servants, agents and employees from and against any and all loss, liability charges, actions, claims, suits, and expenses (including attorney's fees) and costs which may arise by reason of participation in the Borough Mayor's Wellness Campaign. (The Borough does not provide any insurance for program participants).

**RELEASE AUTHORIZATION FOR EMERGENCY TREATMENT:** I understand that I am required to maintain and carry accident medical insurance coverage for the child listed on their application and I verify that the coverage information attached herewith is accurate and true. As parent/guardian, I hereby consent to emergency treatment of my minor child as a result of accident or injury.

I further agree to pay any and all costs incurred as a result of said treatment. I further agree to expressly assume the risk of my minor child participating in the Beachwood Mayor's Wellness Campaign.

I am the parent/guardian of the minor \_\_\_\_\_ and I am signing this release on behalf of said minor.

**I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**, fully understand its terms and understand that I am giving up substantial rights by agreeing to these terms, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature and agreement to be a complete and unconditional release of all liability to the greatest extent allowed by law.

\_\_\_\_\_  
Name or Name of Parent/Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***THIS FORM MUST BE COMPLETED AND FILED PRIOR TO PARTICIPATION IN THE PROGRAM.***