



# CARDIO DRUMMING

Join us this Winter/Spring  
for great fun and fitness!

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**WHO:** You! And any friends who want to join us. Space is limited though, so sign up early!

**WHAT:** Cardio Drumming, a great exercise class which can best be described as a combination of drumline and modern dance. Participants hit a rubber exercise ball, perched on a bucket, with a set of drumsticks to the beat of music.

**WHERE:** At St. Andrew the Apostle Catholic Church.

**WHEN:** Monday afternoons (during faith formation) from 5:00 – 6:00 PM. Ten sessions total. Only on the weeks we have MGFF. Dates are:

Jan: 8, 22, 29

Feb: 5, 26

Mar: 5, 12, 19

Apr: 2, 9, 23

**WHY:** Because it's fun, great exercise and a way for us to get together, listen to some great music and ROCK OUT on some drums!

**COST:** \$50 for the whole semester. Please turn in your registration form (on back) and payment no later than Sunday, January 7<sup>th</sup>, 2018. You will need to supply your own materials including an exercise/yoga ball, a 17-gallon (or similar) bucket/tub to put your ball on, and a pair of drumsticks.

## Healthy Body – Healthy Mind



# Cardio-Drumming Registration Form

## Informed Consent and Liability Waiver Release

### INFORMATION

Name: \_\_\_\_\_

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

Phone (cel): \_\_\_\_\_ (Home): \_\_\_\_\_

Age: \_\_\_\_\_ Known health concerns: \_\_\_\_\_

Fitness Level (on a scale of 1-10)

(I never work out)    1    2    3    4    5    6    7    8    9    10    (I work out daily)

### CONSENT

I agree and consent to the following: I am voluntarily participating in the **Cardio Drumming** exercise/fitness program conducted by **CJ Johnson** at **St. Andrew the Apostle Catholic Church**. I recognize that the program requires physical exertion that may be strenuous at times and may cause physical injury and I am fully aware of the risks and hazards involved.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the above mentioned program.

I represent and warrant that I have no medical condition that would prevent my participation in the program. I agree to assume full responsibility for any risks, injuries or damage know or unknown which I might incur as a result of participating in the program. Such injuries may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness, including death.

I knowingly, voluntarily and expressly waive any claim I may have against **St. Andrew the Apostle Catholic Church** and the instructor, **CJ Johnson** for injury or damages that I may sustain as a result of participating in the program.

I, my heirs or representatives forever release waive, discharge and covenant not to sue **St. Andrew the Apostle Catholic Church** and **CJ Johnson** for any injury or death caused by their negligence or other acts.

I have read the above waiver and release of liability and fully understand it contents. I voluntarily agree to the terms and conditions stated above.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Emergency Contact (Name): \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

For office use:

Paid: \$ \_\_\_\_\_ Check no.: \_\_\_\_\_ Cash: \_\_\_\_\_ Date: \_\_\_\_\_