



## ***Moving It!! Youth Fitness Fitness Training and Nutrition***

- ECHO:** Empowering Change through Healthy Opportunities, (ECHO) is a not-for-profit organization that provides individuals and families with educational programs and recreational activities to promote greater health and fitness.
- Program:** This youth program is geared toward getting kids more active, educating and introducing them to various coordination and agility drills. Sessions will also include nutrition information and opportunities for parents to get involved with the kids, with the hope of having fun and transferring some of the activities to their families. *(We hope to extend this to all ages including adults in the near future.)*
- Program will provide two certified trainers and support staff to work with the class. The sessions are designed to introduce fitness to beginners as well as challenge those that are already active. Each class size will be limited to 40 participants.
- Grades 1<sup>st</sup> – 8<sup>th</sup>** Girls & Boys welcome!!
- Dates:** **Tuesdays – May 3, 10, 24, 31**  
**Thursdays – May 5, 19, 26, & June 2**
- Location:** **Center Court 815 Northview Road, Waukesha, WI 53188 - Banquet Hall**
- Times:** **Session I 1<sup>st</sup> – 5<sup>th</sup> Grades Kids Session Times 4:30-5:45pm**  
**Session II 6<sup>th</sup> – 8<sup>th</sup> Grades Kids Session Times 5:15-6:30pm**
- Format:** 45-50 min - of fitness exercises and movements, agility drills, and more  
15-20 min - of nutrition discussion and handouts
- Instructors:** Noel McArthur - owner of Flex Fitness Personal Trainers- Elm Grove WI  
Pat Houk - Certified trainer through Acceleration Franchise
- Valued Partners:** Midwest Penguins Volleyball  
Center Court Sports Complex
- Cost: \$45.00** ***Each session is limited to 40 participants, sign up early***
- 8 sessions of training with 2 certified trainers and support staff
  - Gift for each participant
  - Fitness T-shirt for each participant to train in!

**Please fill out the release and return along with payment to:  
ECHO, PO Box 26261, Milwaukee, WI 53226  
Please make checks payable to ECHO**

[www.echous.org](http://www.echous.org)  
[info@echous.org](mailto:info@echous.org)

**Deadline to register is: 10 Days prior to the session starting date**

## RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in sports Camp activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence Empowering Health through Healthy Opportunities, Inc. and its owners, directors, officers employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that participating in sports Camp activities involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls or contact with other participants,; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold Harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releases or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume and bear the costs of- all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.**

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

**Current Grade:** 1 2 3 4 5 6 7 8

**Level(s):** 1<sup>st</sup> - 5<sup>th</sup> 4:30 6<sup>th</sup> - 8<sup>th</sup> 5:15 (circle one)

**Circle One:** Male Female

**T-Shirt Size:** Youth YS, YM, YL, Adult S, M, L, XL (Circle)

Participant Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Email address (print very clearly) \_\_\_\_\_

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

Telephone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_

### PARENT OR GUARDIAN ADDITIONAL AGREEMENT (Must be completed for participants under the age of 18)

In consideration of \_\_\_\_\_ (PRINT minor's name clearly) being permitted to participate in this activity, I further agree to indemnify and hold Harmless Releasees from any Claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone Number:** (\_\_\_\_) \_\_\_\_\_

**Medical Information:** - Please list and explain specific health concerns including physical limitations/restrictions. Use back of this page if necessary or attach information with a staple and participants name on any additional sheets.