

Lincoln Park Recreation presents...



**Monday Evenings**  
**7pm - 8pm**

**Municipal Complex**  
**Community Meeting Room**  
**34 Chapel Hill Road**  
**Lincoln Park NJ**

**\$10 walk-in fee OR \$35 for 4 classes**

**classes are on-going**

**(Please bring a yoga mat)**

**RESIDENTS & NON-RESIDENTS ARE WELCOME!**

Name \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address \_\_\_\_\_  
street address city, state, zip

Home Phone \_\_\_\_\_

E-Mail: \_\_\_\_\_  
(for class info such as cancellations or future classes & events)

Emergency Contact Name & Number:  
\_\_\_\_\_

**cash, check or money order**

**NO REFUNDS**

**Waiver & Consent:** I acknowledge that I am or my child is in suitable physical condition to participate in the recreation program, activity, sport, trip or event that I have registered for or have registered my child for & I hereby assume any risks involved by such participation. I certify that I am or my child is fully capable of participating in this recreational program, activity, sport, trip or event & that I do not have or my child does not have any physical or mental disability that would restrict full participation. For me & on behalf of my child, I do hereby waive, release, indemnify & hold harmless the Borough of Lincoln Park, its directors, superintendents, employees & volunteers from any liability &/or for any injury or damages that may be suffered by me or my child in the course of participation in the recreation program, activity, sport, trip or event & the activities incidental thereto, whether the result of any negligence or any other cause. In the event I am unable or unavailable to do so, I grant permission to receive or have my child receive emergency professional medical care as deemed necessary by the Recreation Staff. I agree to abide by the Rules & Regulations of the Lincoln Park Recreation Department & those of the venue that the Lincoln Park Recreation Department is visiting.

**Photo Waiver Acknowledgement:** Lincoln Park Recreation reserves the right to photograph attendees throughout the course of their events. As an attendee &/or on behalf of my child, I hereby grant permission to the Borough of Lincoln Park, its directors, superintendents, employees & volunteers to photograph me &/or my child & use the images solely for public relations purposes &/or the social media pages of the Borough of Lincoln Park. I do hereby waive, release, indemnify & hold harmless the Borough of Lincoln Park, its directors, superintendents, employees & volunteers from any liability &/or for any injury or damages that may be suffered by me or my child as a result of the taking or use of the photograph & images obtained in the course of participation in the recreation program, activity, sport, trip or event & the activities incidental thereto, whether the result of any negligence or any other cause.

Participant Name \_\_\_\_\_

Signature \_\_\_\_\_

date \_\_\_\_\_

Lincoln Park Recreation / 34 Chapel Hill Rd, Lincoln Park, NJ 07035

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