Scheurer Hospital Auxiliary Presents



An Exercise Fundraiser to benefit the Scheurer Wellness Clinics at Lakers and Caseville Schools

Saturday, November 14, 2015 9:00 - 11:00 am Laker High School Gym

Classes Taught by Fitness Instructor Jeanne Putman

Schedule*

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|------------------|---|--|--|
| 8:30 - 9:00 am | Registra on | | |
| 9:00 - 9:10 am | Morning Stretch - a 10 minute gentle stretch to get you going | | |
| 9:20 - 9:30 am | Tabata - High Intensity Interval Training | | |
| 9:40 - 9:50 am | Senior Fit - chair exercises | | |
| 10:00 - 10:10 am | Walk 'n Tone - a walking workout | | |
| 10:20 - 10:30 am | Strength Circuit - body weight strength training | | |
| 10:40 - 10:50 am | Yoga - lengthen, strengthen and breathe | | |
| | | | |

^{*}Each session will be followed by a five minute Fitness Tip

Entry fee is \$20 per person - par cipate in all classes or feel free to sit one out. All proceeds benefit the Scheurer Wellness Clinics at Lakers and Caseville Schools.

To register, please fill out the form on the back and mail with check payable to Scheurer Hospital Auxiliary to:
Scheurer Hospital
Community Rela ons
170 N. Caseville Rd.
Pigeon, MI 48755



Scheurer Hospital Auxiliary Healthercise Benefit Fundraiser for Scheurer Wellness Clinics at Lakers & Caseville Schools Registra on and Waiver

| Par cipant Name | | М | F | | |
|---|-------|-----|---|--|--|
| Date of Birth | | | | | |
| Parent/Guardian Name | | | | | |
| Street | | | | | |
| City | State | Zip | | | |
| Email Address | | | | | |
| Home Phone Cell Phone | | | | | |
| Emergency Contact – Name and Phone Number | | | | | |
| Circle t-shirt size (size guaranteed if form is received by October 23) S M L XL XXL | | | | | |

In considera on of being allowed to par cipate in the Scheurer Hospital Auxiliary exercise fundraiser Healthercise, and to use the facili es and equipment, I do hereby waive, release and forever discharge the Scheurer Hospital Auxiliary, Scheurer Hospital Founda on, Scheurer Healthcare Network, instructor Jeanne Putman, Laker Schools and any officers, agents, employees, representatives, executors and all others from any and all responsibili es or liability for injury or damages resul ng from my par cipa on in any ac vi es at said fundraiser. I do hereby release all of those men oned and any others ac ng upon their behalf from any responsibility or liability for and injury or damage to myself, including those caused by the negligent act or omission of any of those men oned or others, ac ng on their behalf or in any way arising out of or connected with my par cipa on in any ac vi es at the fundraiser. I agree to adhere to the policies set by the Scheurer Hospital Auxiliary. I also release with this signature the use of all photos, videos and Internet publica ons for the use of Scheurer Hospital Auxiliary and Scheurer Healthcare Network.

Signature _____ Date ____

Please make check payable to Scheurer Hospital Auxiliary and remit form with \$20 payment to:

Scheurer Hospital Community Rela ons 170 N. Caseville Road Pigeon, MI 48755