

# “Finally, a FUN Workout that Reduces Stress Though the Lower Back, Hips, and Knees!

## 6-Week Uxbridge Pole Walking Spring Series Enrolment Form

**PLEASE** submit this form online at [admin@uxbridgephysiotherapy.com](mailto:admin@uxbridgephysiotherapy.com) or in person at Uxbridge Physiotherapy, 29 Toronto Street South, Suite 103 by April 27th.

**Yes!** I'm excited to work with you personally, and have you “pole walk” me through each step to getting the outstanding health and fitness results I want and deserve. I can't wait to learn all your “insider” health and fitness tips during the 60-minute group pole walking and exercise classes (weather permitting) taking place **May 2nd- June 13th at Elgin Park (no class on Victoria Day)**

**Monday 9:30 -10:30 AM, Tuesday 6:30-7:30 PM, Thursday 9:30-10:30 AM**

I'm ready to make this investment in myself! I'm not going to wait a moment longer to reserve my spot on this **fun and exciting adventure** towards a healthier, more energetic me that will also include...

->**Professional Guidance** from Uxbridge's leading health and fitness professionals to help personalize my pole walking experience and make sure I stay on the fastest track to getting the results I want!

->**Strength and Mobility Exercises** that will help to improve my results!

Please sign me up for the **Unlimited classes** for the Special Spring Price of **just \$119**.

Please sign me up for a **6 class trial for \$89**

\*\*\*Note: Spring Series, payable by cash, cheque, or e-transfer to [jodib@bell.net](mailto:jodib@bell.net)

**Int:**  Customer/Member understands that all services must be used by the expiry date. Any services not used are forfeited. No carry-over. Services are not transferable.

**Int:**  Customer/Member agrees to give Uxbridge Pole Walking Club the right and permission to use, or publish pictures or videos of me that may be taken during class.

### RELEASE, WAIVER, ASSUMPTION OF RISK:

I \_\_\_\_\_ (please print) hereby acknowledge and agree that in consideration of being permitted to participate in the Uxbridge Pole Walking Club, I hereby knowingly and voluntarily waive any right of cause of action of any kind whatsoever arising from any liability, which may or could occur due to the club, its officers, agents, employees or instructors. In recognition of the possible dangers connected with any physical activity, trainee, the Customer acknowledges, agrees and understands that any fitness activity, pole walking, aerobics, and use of poling equipment can be hazardous to individuals and may result in injury, or even death.

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

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

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