



New **Vitality**

New Virtual Class! **AQUACISE MINUS H2O**

Join us for a creative class incorporating virtual water fitness movements and range of motion exercises without water.

This class will incorporate principals of water exercise in a fun and interactive way seated in a chair or standing. Supportive shoes and a mat and/or a non-skid surface required. Water bottle weights, towel and a noodle recommended but not required.

Let's get ready to move, minus H2O!

Instructor: Dawn Hanna-Amodio, Certified by AEA, Certified American Red Cross Water Safety Instructor/Trainer and Certified Arthritis Aquatic Program Instructor

Fee: \$40 for all eight weeks



**Fridays, July 31 to September 25, 2020
(no class September 4), 1:30 to 2:15pm**

Preregistration is required – please call 1-844-472-8499 or email newvitality@atlanticealth.org for information.

A link in to join the class via Zoom will be emailed to you upon registration.

Pre-registration is required for fitness classes (see back of page.)

For more information, please call **1-844-472-8499** or visit
www.atlanticealth.org/newvitality.

Class open to all New Vitality members, regardless of hospital affiliation!



**Atlantic
Health System**

Complete this section, and make
your check made payable to
Atlantic Health System

Mail to:
Chilton Medical Center
97 West Parkway, Pompton Plains, NJ 07444
Attn: New Vitality

Registration Form: *AQUACISE MINUS H2O*
Virtual Class

Name _____

Address _____ Town _____ Zip _____

E-Mail Address _____ Phone _____
(required for all virtual classes)

Daytime Phone _____ Total enclosed: _____

**CONSENT AND WAIVER FOR PARTICIPATION IN ATLANTIC HEALTH SYSTEM'S
NEW VITALITY EXERCISE PROGRAMS (IN-PERSON OR VIRTUAL)**

I, _____, hereby consent to become a participant in the Atlantic Health System's New Vitality exercise class (in-person or virtual) offered by Chilton Medical Center, Hackettstown Medical Center, Morristown Medical Center, Newton Medical Center and/or Overlook Medical Center. I understand that this program is centered on exercise and health.

I understand it is my responsibility to consult my physician or other appropriate health care provider before starting any fitness program. I understand that if I am concerned about the appropriateness of any exercises in the New Vitality class, I will inform the instructor, consult my physician and follow his/her instructions.

I recognize that there is a possibility that I may incur some injury or develop or aggravate some medical problem as a result of my voluntary participation in the session(s) (in-person or virtual) and I wish to assume the risk. Accordingly, I agree that I will not hold New Vitality, Atlantic Health System (Chilton Medical Center, Hackettstown Medical Center, Morristown Medical Center, Newton Medical Center and/or Overlook Medical Center) or the instructor liable or seek any legal recourse of any kind for any injury or aggravation of a pre-existing condition resulting from my participation in this exercise program (in-person or virtual).

I have read this Consent and Waiver carefully, I understand it, and I have signed it with the understanding that it is legally binding upon me.

Witness

Signature of Participant

Date: _____

"Exercise classes are non-refundable after the first class and subject to change without notice due to weather or other issues beyond our control. New Vitality will make every effort to make up a cancelled class but reserves the right to not refund the class if a make-up date cannot be scheduled."

To view the New Vitality calendar of events or to fill out a membership application, visit atlanticealth.org/newvitality