

SFEA Presents Fitness Fling

Saturday, June 29 at 8:00am
State Farm Park

Join us for a fitness party featuring 3 fitness classes, music, and FUN!!! Whether you're looking for a challenge or just want to try a new workout, this is the event for you! You can sweat it out through all the classes, or just jump into the class that interests you most! All classes will be led by Kate Potts:

8:00 – 9:00: Kickboxing Intervals & Strength – This high-energy class will have you kicking, punching, sweating and pumping! This total body workout will have cardio kick-boxing segments, followed by random body-weight and band training. Bands will be provided. Please bring a mat and boxing gloves. Gloves are optional.

9:00 – 9:15: Break

9:15 – 10:15: WERQ – The fiercely fun dance fitness class based on pop, rock, and hip hop music taught by Certified Fitness Professionals! So addictive, you won't believe how fast 60 minutes can fly by!

10:15 – 10:30: Break

10:30 – 11:30: On the Mat Abs & Stretch – Tone up your core, then unwind and stretch the whole body in this class. Standing, seated, and lying stretches will be utilized to leave you feeling relaxed and ready to take on your day! Please bring a mat for this class.

No previous experience necessary. **Please bring your own mat for floor work segments. Don't forget your water and snacks!**

Price per person is \$5.50. This event is for adults 18 and over. An employee SFEA member may bring any or all dependent family members listed on his or her membership **OR** one guest. Violation of membership privileges (signing up those **NOT** on your membership) could lead to your SFEA membership being revoked.

All enrollment forms and checks must be received in HRSS/ Corporate Activities, A-1, no later than **Tuesday, June 18**. Mail to HRSS/Activities, A-1 Corporate, or use the drop off mailbox inside the entrance to Human Resources (A-1) from the Atrium. Make checks payable to SFEA; cash will **not** be accepted. If you would like to participate with other specific members, please staple forms together and mail in one envelope.

Once selected to attend the event, we are unable to provide a refund. In the event that demand exceeds available capacity, a drawing will be conducted. Should the event go to a drawing, checks will be returned to those not selected.

SFEA Fitness Fling (#421) – Saturday, June 29 at 8:00am

Enrollment closes on Tuesday, June 18

(This event is for adults 18 and over. List each person you are enrolling.)

Employee Name _____ Phone # _____ Alias _____ Associate ID _____

Building _____ Floor _____ Department _____ Check# _____

Retiree Email _____ Retiree Address _____

Street _____ City _____ Zip _____ Phone # _____

Name of SFEA Member(s) or Guest Attending Event (for the guest, please also include city of residence and age). Each person also needs to complete the attached **Informed Consent and Liability Waiver Release** and return with the enrollment form.

Total # of participants @ \$5.50 _____

Total Amount Enclosed \$ _____

Make checks payable to SFEA; cash will not be accepted.

Retiree mailing address:

SFEA – HRSS/Activities A-1 Corporate

1 State Farm Plaza

Bloomington, IL 61710

If you any questions, please contact Heather Burns (heather.burns.pi87@statefarm.com)

Informed Consent and Liability Waiver Release for Participation in Exercise Program

I agree and consent to the following: **SFEA Fitness Fling**

I am voluntarily participating in the following exercise/fitness programs, which will be led by **Kate Potts**, at the main shelter at **State Farm Park**:

- **Kickboxing Intervals & Strength**
- **WERQ**
- **On the Mat Abs & Stretch**

I recognize that the program requires physical exertion that may be strenuous at times and may cause physical injury, and I am fully aware of the risks and hazards involved.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the above mentioned program. I represent and warrant that I have no medical condition that would prevent my participation in the program.

I agree to assume full responsibility for any risks, injuries or damage, known or unknown, which I might incur as a result of participating in the program. Such injuries may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness, including death.

I knowingly, voluntarily, and expressly waive any claim I may have against **SFEA or Kate Potts** for injury or damages that I may sustain as a result of participating in the programs.

I, my heirs, or representatives forever release waive, discharge and covenant not to sue **SFEA or Kate Potts** for any injury or death caused by their negligence or other acts.

I have read the above waiver and release of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature

Date: _____/_____/_____

Print Name