

# Five Essentials of Better Living

Tuesdays, October 5 through November 2  
6:30 - 7:30 p.m.

Facilitator: Dr. Keith Kausler, D.C. and  
Dr. Todd Cunningham, D.C.

Cost: \$15, 5-week series

## Topics of Discussion:

1. Solutions to Stress
2. Reduce Musculoskeletal Disorders
3. Balancing Hormones Women and Men
4. Revolutionary Weight Loss & Cleansing
5. New Solutions to Fibromyalgia

Mail or submit attached registration form with payment to the:

Tustin Area Senior Center

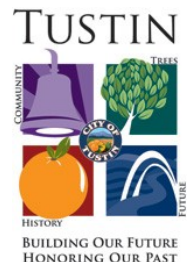
Attn: Vanessa Osborn

200 South C Street

Tustin, CA 92780



Tustin Area Senior Center 714.573.3340



# Tustin Area Senior Center Course Registration Form



**Five Essentials of Better Living \* Tuesdays, October 5 through November 2, 6:30 - 7:30 p.m.**

Last Name	First Name
Date of Birth	(Circle One)      Male      Female
Street Address	City/State/Zip Code
Home Phone Number (      )	Work/Cell (      )
Email	

Session Date(s)	Course Description	Instructor	Amount Due
Tuesdays, 10/5 - 11/2	Five Essentials of Better Living	Dr. Keith Kausler	\$15, 5-week series

## TUSTIN AREA SENIOR CENTER ASSUMPTION OF RISK AND LIABILITY

I, the undersigned, acknowledge that in consideration of my involvement in **Five Essentials of Better Living, 5-week series** (herein referred to as “the Activity”), that I, for myself, my personal representatives, heirs, next of kin, spouse and assigns, do hereby:

1. **RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE CITY OF TUSTIN, ITS EMPLOYEES, OFFICERS, COUNCILMEMBERS AND AGENTS** (hereinafter collectively as the “the City”) for and from any and all claims and liability arising out of strict liability, dangerous condition of public property and/or ordinary negligence which may cause injury, death, damages or property damage to myself. I hereby agree to indemnify and hold the City harmless for and from any claim, judgment or expense the City may incur which may arise out of my participation in the Activity.

2. Acknowledge that the Activity is inherently dangerous and that I participate at my own risk. I further understand that the Activity contains risks of minor injuries, serious injuries and even death, and that other participants in the Activity pose a danger to me. Nevertheless, **I VOLUNTARILY ELECT TO ACCEPT ALL RISKS** connected with my participation in the activity.

\_\_\_\_\_ (Initials)

3. Acknowledge that no oral representations or inducements have been made to me to sign this Agreement. If any portion of this Agreement is held invalid, it is agreed that the balance thereof shall continue in full legal force and effect.

4. Agree that this Agreement shall apply to any incident, accident, injury or death occurring during my participation in the activity.

**I HAVE READ THIS DOCUMENT. I UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS.**

\_\_\_\_\_ (Initials)

This agreement is intended to be binding on myself, my heirs, personal representatives, next of kin, spouse and assigns. **I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THE ABOVE PROVISIONS.**

**Participant’s Full Name (Print)** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

<b>Staff Use Only</b>	Circle Payment Method	Cash	Check # _____	Staff Initials _____	Date _____
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