

City of San Mateo Parks and Recreation Department

Senior Center

# Women's Health Workshop

*Presented by Stephanie Kriebel, Board Certified Holistic Health Practitioner-*



**Part 1:** Inside-Out: Ignite your passion for healthy aging. Learn essential tips for good health and beauty from the inside out while sampling smart fresh foods and enjoying a special lunch made just for you.

**Saturday September 9, 2017**

**10:00-11:30am**

**542012-A1**

**\$42/49**

**Part 2:** Outside-In: Spark your passion for good health and beauty. Learn essential tips for healthy skin and aging from the outside in. Enjoy a facial while sampling personal care products that are good for your face and body.

**Saturday September 16, 2017**

**10:00-11:30am**

**542013-A1**

**\$42/49**



Classes are held:

San Mateo Senior Center  
2645 Alameda de las Pulgas  
San Mateo, CA 94403  
650-522-7490

[www.sanmateorec.org](http://www.sanmateorec.org)



**Special:** Sign up for the Woman's Workshop Part 1 and 2 at a reduced enrollment fee.

**Saturday September 9 & 16, 2017**

**10:00-11:30am**

**542014-A1**

**\$62/74**

# City of San Mateo Parks & Recreation Department

# Activity Registration Form

Resident\*  Nonresident

\*individuals residing within the City of San Mateo property tax limits

Parent/Guardian \_\_\_\_\_ Date of Birth \_\_\_\_\_ (must be 18 yrs. or older)  
or Adult Registrant

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_ E-mail Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Home Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_

Participant Name	Date of Birth	Gender	Activity Code	Activity	Fee
			5420____-A1	<b>Womens Health Workshop</b>	
<b>Yes, I'd like to donate to the Recreation Fee Assistance Program</b>					\$
<b>TOTAL</b>					<b>\$</b>

**WAIVER OF LIABILITY & PHOTO RELEASE:** In consideration of participation in the City of San Mateo recreation program described above (the "Activity"), I the undersigned for myself and/or as the parent/guardian of the Minor named above, agree to indemnify and hold the City of San Mateo, it's elected and appointed officials, employees, and agents (the "City") harmless and hereby waive, release and discharge any and all claims for damage, for death, personal injury, bodily injury or property damage which I and/or the Minor may have or which hereinafter may accrue to me and/or the Minor against the City from and against any liability arising out of or connected in any way with my and/or the Minor's participation in this Activity, even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above.

I understand that accidents and injuries can arise from participation in this class or activity; knowing the risks, nevertheless, I hereby agree to assume those risks on behalf of me and/or the above named Minor and to release and to hold harmless all of the persons or entities mentioned above whom (though negligence or carelessness) might otherwise be liable to me and/or the above named Minor (or my/our heirs or assignees) for damages. It is further understood and agreed that this waiver, release and assumption or risks has been freely entered into and is to be binding on my/our heirs and assigns.

I have read and agree to the registration and program policies. Further, I agree to allow use of my image and/or that of the named minor, which may be captured through video, photo, digital camera or other media, for City of San Mateo promotional materials and publications. By my signature below, I acknowledge that I have read this document and understand its contents.

Check the appropriate space(es) and sign:     Participant (over 18)     Parent     Legal Guardian

Print Name: \_\_\_\_\_ Name of Participant: \_\_\_\_\_

**Signature Required:** \_\_\_\_\_ Parent/Guardian, if under 18: \_\_\_\_\_

**Class/Program Modification Request:** We encourage and support the participation of individuals with all ability levels in programs and services. This includes those with disabilities, and in need of reasonable program modifications in order to participate. Please complete the statement:

I am requesting a reasonable program modification for the class/program(s) listed on this registration form.     Yes     No

Participants Name \_\_\_\_\_ Date: \_\_\_\_\_

Check Enclosed: Total Amount \$ \_\_\_\_\_    Make Check Payable to: **City of San Mateo**

Card Number \_\_\_\_\_ CRV Code \_\_\_\_\_ Exp \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Total Amount \$ \_\_\_\_\_ Card Holder Signature \_\_\_\_\_

Enroll now: [www.sanmateorec.org](http://www.sanmateorec.org)