

Epic Healthy Living Education Center
爱培健康生活教育中心

www.epichealthyliving.org

Epic 2020 Fall Class Schedule and Tuition:

Aug 20th - Dec 18th (16 weeks of class, no class 10/8, 9; 11/26, 27)

Sep 9th - Dec 20th (14 weeks of dance class, no class 11/25, 29)

Time	Class	Semester
Wed 7:00-8:00 pm	Dance (zoom)	\$140
Thu 7:00 -8:00 pm	Yoga (zoom)	\$160
Thu 7-9 pm	Painting	\$256
Fri 6:00 - 10:00 pm	Piano (30-min class)	\$480
Sat 8:30-11 am	Painting (7 weeks)	\$140
Sun 2:00-5:00 pm	Singing (zoom)	\$80
Sun 7:00-8:00 pm	Dance (zoom)	\$140

Registration Form

Name: (first) _____ (last) _____ M _____ F _____

Address: _____ City: _____ Zip: _____

Home phone: _____ Cell phone _____

Email address: _____

Student Waiver

I acknowledge that there are certain risks of injury, damage or loss associated with participation of programs offered at Epic Healthy Living Education Center. I further understand that Epic Healthy Living Education Center does not offer medical insurance for injuries sustained from attending those programs. I agree to assume the full risk of any injury, loss or damages regardless of severity, which I, or my child, may sustain as result of participate in programs offered at Epic Healthy Living Education Center. I agree to waive and relinquish all claims, demands, damages, right of action, or causes of action, present or future, whether known or unknown, anticipated or unanticipated, I may have, or my child, may have, associated with attending the programs. I do hereby agree to fully release, discharge, indemnify and hold harmless the Epic Healthy Living Education Center and its officers, agents, servants, employees and volunteers from any and all claims, demands, damages, rights of action, or cause of action, present or future, whether the same is known or unknown, anticipated or unanticipated, I may have, or my child, may have resulting from, associated with and/or arising out of attending and /or participating in the programs, including but not limited to me or my child using Epic Healthy Living Education Center facility and equipment.

Signature _____ Date _____