

# *Epic Healthy Living Education Center*

## 爱培健康生活教育中心

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

135 W Church Street, Libertyville, IL 60048

Libertyville Sports Complex, 1950 Rt45, Libertyville, IL 60048

407 Robert Parker Coffin Rd, Long Grove IL 60047

### 2024 Spring Schedule and Tuition:

Jan 10<sup>th</sup> - May 26<sup>th</sup> (18 weeks of classes, no class the week of 2/12 -2/16 and 4/1-4/7)

| Time                | Class          | Semester |
|---------------------|----------------|----------|
| Wed 7:00-9:00 pm    | Dance          | \$450    |
| Thu 7:00 -8:00 pm   | Yoga           | \$218    |
| Thu 7:00-9:00 pm    | PingPong       | Free     |
| Fri 7:00 - 9:00 pm  | Painting       | \$360    |
| Fri 6:00 - 10:00 pm | Piano(30 mins) | \$540    |
| Fri 7:00-9:00 pm    | Singing        | \$180    |

## 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 \_\_\_\_\_