



Washington Township Parks & Recreation

THURSDAY Spring/Summer Yoga

Where: Senior Center or Zoom (online)

What to bring? Please bring a yoga mat, blocks, straps, water bottle and towel. Wear comfortable clothing suitable for yoga. NO Mat is needed for Chair Yoga. "NO SHOES are worn during Yoga"

☐ **Senior Center** or ☐ **Zoom**

(13 weeks)

April 13 - July 13, 2023

Fee: \$140

☐ **Early Morning Mat Yoga 8am - 9am**

Early Morning Mat Yoga is for all levels and offers a mix of beginner and intermediate poses to help open up the body. This is a great class if you are new to Yoga or just would like to challenge yourself to expand and build up strength. Alternative poses are offered in this class.

(12 weeks)

April 20 - July 13, 2023

Fee: \$130

☐ **Beginner Chair Yoga 10am -11am**

This class is for those who are unable to or prefer not to get on the floor. Learn the basics of alignment, breath, and how to move your body safely and mindfully, all from the comfort of either sitting in or standing by a chair as a supportive prop with plenty of modifications as necessary and time for questions and demonstrations. Expect to move, breathe, open up the large muscle groups, and feel empowered and refreshed afterward. You may find muscles you never knew you had!

☐ **Mid- Day Break Gentle Mat Yoga 11:15am -12:15pm**

Take a break from your day and spend it with us! Enjoy an hour-long flow-style class that will help move your body and increase your metabolism. This class is designed to provide you with that extra energy to get you through that afternoon drag and keep you invigorated throughout the day! No two workouts are the same so, you will never get bored and your body is constantly being challenged.

Payment Options: ☐ **Check** ☐ **Cash** ☐ **Credit Card**

(2.65% convenience fee for credit card usage) **SORRY NO REFUNDS**

DEADLINE DATE: April 11, 2023 (\$10 LATE FEE after Deadline Date)

**** Registration is CLOSED once the class has begun****

**** NO CLASS SCHEDULED FOR JULY 6, 2023****

If you have any questions, please call the Recreation Department at 908-876-5941. Make Checks payable to **WT Recreation** - mail check, along with the flyer to: Washington Twp. Recreation 50 Rock Rd. Long Valley, NJ

Name: _____

Phone # _____ **Email Address:** _____

Medical Condition: _____

Rules and Regulations: Any complaints regarding the conduct of any instructor should be reported directly to the Recreation Director ▪ Disrupting or interfering with the workout of any participant is not permitted. Respect the rights of others by using courteous and appropriate behavior ▪ Participants must conduct themselves in an orderly and appropriate manner ▪ Participants must wear appropriate exercise attire and footwear at all times ▪ *Failure to adhere to any policies may result in removal from the program and no refund will be offered* ▪ Participants exercise at their own risk. _____ **Initials** **SORRY NO REFUNDS**

Signature: _____ **Date:** _____

☐ **Hold Harmless Agreement**

WASHINGTON TOWNSHIP RECREATION

Participant Liability Waiver and Hold Harmless Agreement

Please read this form carefully and be aware that by registering/participating in the program(s), or by registering for participation in this program(s), you will be waiving your rights to all claims for injuries you might sustain arising out of this program(s) and you will be required to indemnify, hold harmless and defend the **Washington Township Parks & Recreation** and any fitness/exercise instructors for any claims arising out of participation in said program(s)

I _____, sign this Hold Harmless as my Voluntary act and by this act agree: "As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities associated with this program."

"I further agree to indemnify, hold harmless and defend the **Washington Township Parks & Recreation, Township of Washington, its directors, offices, agent, employees, volunteers, and any fitness/exercise instructors** from any and all claims from injuries, including death, damages and losses which may occur in any way associated with the activities of the program."

"I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities of the program." In the event of any emergency, I authorize the Township of Washington and Parks & Recreation dept. to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read, fully understand, and agree to the above Participant Liability Waiver and Hold Harmless Agreement.

Print Name: _____

Signature: _____ Date: _____

Email Address: _____

Washington Township Employee Only

Witness: _____ Date: _____

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Email: recreation@wtmorris.net • Website: www.wtmorris.org