

Trial Yoga Classes

NOT SURE if exercising is right for you? Have you ever wanted to take a class and you were unsure if you would be able to handle it? WELL here is your chance to meet our instructors and try a class for **FREE**. These classes are for **SERIOUS registrants only!**

“If one can make a difference can you imagine what more can do?”

In lieu of payment: we are asking you to give what you can for families in times of need.

PLEASE bring your food donation with you to class.

Where: L.V. Senior Center (Rock Spring Park)

PLEASE SELECT:

- Intro to Beg/Intermediate Yoga** Dec 12, 2018 9am-10:15am deadline 12/7
- Gentle Mat Yoga** Dec 12, 2018 11:30am-12:45pm deadline 12/7
- Mixed Level Mat Yoga** Dec 13, 2018 4:15pm-5:30pm deadline 12/7
- Chair Yoga** Dec 13, 2018 12pm-1:15pm deadline 12/7

If you have any questions, please call the Recreation Department at 908-876-5941.
Mail flyer & waiver to: WT Recreation 50 Rock Rd. L.V., NJ 07853 Fax: (908) 876-0029
or email: recreation@wtmorris.net

Name: _____

Phone # _____ Email Address: _____

Emergency Contact/Phone #: _____

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 ▪ Participants exercise at their own risk. _____ **Initials**

Signature: _____ Date: _____

Participant Liability Waiver and Hold Harmless Agreement (separate form)

*****REPEATERS are NOT ALLOWED to take their regular class*****





WASHINGTON TOWNSHIP PARKS & 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 and 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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Phone: 908.876.5941 • Fax: 908.876.0029
Email: recreation@wtmorris.net • Website: www.wtmorris.org