

Washington Township Recreation

"Girls Rock" Yoga

"Girl's Rock" Yoga classes are suitable for everyone, and will consist of a series of strengthening, relax breathing, meditation exercises, games, making connections with their peers, and a fun activity to be offered at each class. What to bring? Please bring a yoga mat, a water bottle and towel. Wear comfortable clothing suitable for yoga."

Instructor: Kathryn Higgins

Who: Ages 8-13

When: Monday's, April 1 – May 20, 2019(8 weeks)

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

Time: 5:30 – 6:30pm

Cost: \$90.00 per person (sorry no refunds) **Deadline Date March 25, 2019**

PAYMENT OPTIONS: ☐Check ☐Cash ☐Credit Card **Limited Enrollment**
(you will be charged a 2.65% convenience fee for credit card usage)

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 07853
2019 Girls Rock Yoga Class (spring)

Name: _____ Age: _____

Phone#: _____ Email Address: _____

Emergency Contact: _____

Medical Condition: _____

If the participant has individualized needs due to a disability, please check the following and someone will contact you regarding reasonable accommodations. ☐ Yes, I will need to be notified regarding special considerations for my child. **Unless otherwise noted as multigenerational, programs are children-only in order to gain the maximum benefit from instruction and peer interaction.**

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

Read and Sign Below: I am fully aware of the risks inherent and hereby give my consent for the above named registrants to participate in this activity offered by Washington Township Parks & Recreation Department. I hereby release Washington Township Parks & Recreation, any of its elected officials, employees, and volunteers from any and all liability from injuries, claims, demands, costs, loss of services, expenses or damages sustained by me, us or our minor children due to his or her participation in said event.

Signature: _____ Date: _____

☐ **Participant Liability Waiver and Hold Harmless Agreement (on back)**



WASHINGTON TOWNSHIP PARKS & RECREATION

Participant Liability Waiver and Hold Harmless Agreement (Parent/Guardian Consent for Minor Child)

Please read this form carefully and be aware that by 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, Volunteers, instructors and Police Officers** for any claims arising out of participation in said program(s)

I/We _____ (hereinafter "Parents" or "Legal Guardian,"), request that our daughter/son, _____ **sign this Hold Harmless as a Voluntary act and by this act agree:** "As a participant in this program, The Parent/Guardian and Participant recognize and acknowledge that there are certain risks of physical injury and agree to assume the full risk of injuries, including death, damages, or loss which The Parent/Guardian and Participant may sustain as a result of participating in any and all activities associated with this program."

"The Parent/Guardian and Participant further agree to indemnify, hold harmless and defend the **Washington Township Parks & Recreation, Township of Washington, its directors, offices, agent, employees, volunteers, instructors and Police Officers** 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."

"The Parent/Guardian and Participant agree to waive and relinquish any and all claims it may have arising out of, connected with, or in any way associated with the activities of the program." In the event of any emergency, The Parent/Guardian and Participant 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 the Parent/Guardian and Participant will be responsible for payment of any and all medical services rendered.

The Parent/Guardian and Participant have read and fully understand and agree to the above Participant Liability Waiver and Hold Harmless Agreement.

(Parent/Guardian)

Print Name: _____

Signature: _____ Date: _____

(Participant)

Print Name: _____ Date: _____

Washington Township Employee Only

Employee Signature: _____ Date: _____

**50 Rock Road • Long Valley • NJ • 07853
Phone: 908.876.5941 • Fax: 908.876.0029
Email: recreation@wtmorris.net • Website: www.wtmorris.org**