

CHAIR YOGA

EXPAND TO

NEW ENERGY

& FLEXIBILITY

WHERE: Online via *Zoom*

WHEN: Wednesdays:

April 7th – June 23rd

11:00am - 12:00pm

FEE: \$64 for a 12-week series

*Certified Chair Yoga Instructor:
Kathleen Good*

1. Sign and complete the release form on the next page.
2. Make check payable to *Millburn Township*.
3. Return registration and payment to:
Millburn Town Hall
Attn: Senior Citizen Office,
375 Millburn Ave., Millburn, N.J. 07040

For additional information, please contact the Senior Citizen Coordinator at jhawkins@millburntwp.org or 973-564-7091.



**Chair Yoga offers
EASY to do poses
and breath sequences.**

**With a consistent yoga practice
you can achieve:**

- ◇ Relaxation through the reduction of stress hormone levels
- ◇ Decreased feelings of anxiety and depression
- ◇ Lower blood pressure and better circulation
- ◇ Improvement in sleep
- ◇ Reduced symptoms of Atrial Fibrillation
- ◇ Increased **STRENGTH & FLEXIBILITY***

* *Mind, Mood & Memory*. Mass. Gen. Hospital Newsletter, Harvard University (June 2013).

RADIANT HEALTH-EASY YOGA

RELEASE FORM

- ❖ The yoga instructions offered by KATHLEEN GOOD are not medical advice, diagnosis, therapy or treatment of any medical, mental physical or spiritual problems or conditions and are not guaranteed to cure any problems or conditions related to specified conditions

- ❖ It is my responsibility to decide whether I should consult a physician prior to participating in the class. If I decide not to get a physician's approval, I then represent that I am physically fit and have no medical or mental condition that would prevent my participation in classes or instruction.

- ❖ I understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, is always present and cannot be entirely eliminated. I assume the risk of participation in those activities.

- ❖ I hereby agree that the instructor KATHLEEN GOOD shall not be liable for any injury or loss of any kind related to the participation in her chair yoga classes nor shall the sponsor, facility/ location where the class takes place be liable for any such injury or loss.

- ❖ I assume all responsibility for any loss, injury or illness that may result from my participation in the chair yoga class. I agree to release any and all claims arising there from.

I have read the above waiver and fully understand its contents. I voluntarily agree to all the terms and conditions stated above.

_____/_____/_____
Signature Date

Print Full Name

Address including zip code

Email Address *

Main Phone Number

Emergency Contact Name

Emergency Contact Phone#

****You will receive Zoom login information via email prior to April 7th class .***