

# WEDNESDAY Spring Yoga

**Where: Washington Township Community Center**

**What to bring?** Please bring a yoga mat, block, strap, water bottle and towel. Wear comfortable clothing suitable for yoga. "NO SHOES worn during Yoga"

(11 weeks) **April 16 - June 25, 2025** Fee: \$120

**Beginner Mat Yoga 9am - 10am**

Beginner Mat Yoga is designed for those who have had no previous exposure to yoga, but are eager to learn and start experiencing the amazing benefits of a yoga practice. Student needs slow-paced direction and a great level of detail so they can become familiar with basic yoga poses and use of the breath.

**Gentle Mat Yoga 10:15am - 11:15am**

Gentle Mat Yoga is a gentle form of yoga that is practiced on a yoga mat, using a chair for support only in standing poses (if needed). You will begin by warming up gently, moving with the breath. Classes will conclude with deep relaxation. Such a treat!



**Payment Options:**  **Check**  **Cash**  **Credit Card**  
(2.65% convenience fee for credit card usage) **SORRY NO REFUNDS**



**DEADLINE DATE: April 14, 2025**

**\*\* \$25 LATE Payment fee & Registration CLOSED once class has begun\*\***

If you have any questions, please call the Recreation Department at 908-876-5941. Make Checks payable to **WT Recreation** – mail check, along with forms to: Washington Twp. Recreation 50 Rock Rd. Long Valley, NJ 07853

**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:** \_\_\_\_\_

**Participant Liability Waiver and Hold Harmless Agreement**  
[www.recreation.wtmorris.org](http://www.recreation.wtmorris.org)

# 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). You will be required to indemnify, hold harmless and defend **Washington Township Parks & Recreation and Township of Washington, its directors, offices, agent, employees, volunteers, sports instructors, 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. 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, sports instructors 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:

Employee Initial: \_\_\_\_\_ Date Received: \_\_\_\_\_