

Washington Township Parks & Recreation

# EVENING WINTER YOGA

**Where:** Washington Twp Community Center

Find a way or make time to discover yourself through Yoga. Everyone is welcomed to do yoga here, so come and join our 9-week Mat Yoga class.

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

(9 weeks) **January 22 - March 19, 2025** Fee: \$100

**Who: Ages 12 - Adult**  
**Time: 5:30pm - 6:30pm**



**DEADLINE DATE: January 20, 2025**

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

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

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

**Email Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age (minors only)** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Medical Condition:** \_\_\_\_\_

**Emergency Contact/Number** \_\_\_\_\_

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** **SORRY NO REFUNDS**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant Liability Waiver and Hold Harmless Agreement**

**\*\*In case of inclement weather, classes will be held on ZOOM\*\***

# 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.

**(Adult/Parent/Guardian)**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Minor)**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Washington Township Employee Only:**

Initials: \_\_\_\_\_ Date Received: \_\_\_\_\_

50 Rock Road • Long Valley • NJ • 07853

Phone: 908.876.5941 • Fax: 908.876.0029

Email: [recreation@wtmorris.net](mailto:recreation@wtmorris.net) • Website: [www.recreation.wtmorris.org](http://www.recreation.wtmorris.org)