Washington Township Recreation

THURSDAY Fall Yoga

Where: Washington Township Community Center

What to bring? Please bring a yoga mat, blocks, straps, water bottle and towel. Wear comfortable clothing suitable for yoga. NO Mat needed for Chair Yoga. "NO SHOES are worn during Yoga"

(10 weeks) September 17 - November 19, 2026 Fee: $115

□ Early Morning Mat Yoga 8am - 9am

Early Morning Mat Yoga is for all levels and offers a mix of beginner and intermediate poses to help open up the body. This is a great class if you are new to Yoga or just would like to challenge yourself to expand and build up strength. Alternative poses are offered in this class.

(9 weeks) September 17 - November 19, 2026 Fee: $105

□ Beginner Chair Yoga 11:30am -12:30pm

Perfect for those who cannot or prefer not to get on the floor, this class covers alignment, breath, and mindful movement using a chair. With modifications and time for questions, you will move, breathe, and stretch major muscle groups, feeling empowered and refreshed. Discover muscles you never knew you had! ** NO CLASS SCHEDULED FOR October 15th **

Payment Options: □Check □Cash □Credit Card

(2.65% convenience fee for credit card usage) SORRY NO REFUNDS

DEADLINE DATE: September 14, 2026

****$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 the flyer to: Washington Twp. Recreation 50 Rock Rd. Long Valley, NJ

Email Address: _____

Name: _____

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 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

website: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: _____

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