

Please fill out the information below, and sign the waiver on the next page.

Name _____

Gender _____ Age _____

Mailing Address

City _____

State _____ Zip _____

Email _____

Would you like to be on the Gilford Youth Center mailing list Y N

Have you ever taken a Yoga class before?
Y N

Who to contact in case of an emergency?

Name _____

Phone _____

Are you on any medications? For what condition(s)? Please describe any known side effects of these medications (e.g. change of heart rate, lack of coordination, etc.) that may impact your yoga practice.

Please list any injuries you may have or had that might alter your participation.

Agreement of Release and Waiver of Liability

I, _____, hereby agree to the following:

1. That I am participating in this yoga class during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in yoga class. I represent and warrant that I am physically fit and have no medical condition that would prevent my full participation in the yoga class.
3. In consideration of being permitted to participate in yoga class, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participation.
4. In further consideration of being permitted to participate in the yoga classes, health programs, or workshops, I knowingly, voluntarily and expressly waive any claim I may have against the instructor or the Gilford Youth Center, and its employees and staff, for injuries or damages that I may sustain as a result of participating in classes or workshops held by the Gilford Youth Center.
5. I, my heirs, or legal representative of such forever release, waive, discharge and covenant not to sue the Gilford Youth Center, the class instructor, or the leaseholder or owner of the building for any injury or death caused by their negligence or other acts.

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

Signature of Participant

_____ Date _____



SENIOR YOGA CLASS



SUMMER SESSIONS

Tuesday Mornings

10-11am

****Register Today****

ADULT YOGA CLASS

This Class is designed for those people wanting to:

- **Build Strength**
- **Increase Flexibility**
- **Increase Lung Capacity**
- **Decrease Stress**
- **Increase Energy**
- **Increase Body Awareness**
- **Learn to Relax**



What to Expect:

We will practice deep diaphragmatic breathing to:

- Improve Oxygen exchange
- Calm and relax our minds
- Assist in deepening poses
- Aid in the flow of postures

Class Schedule

Warm up Phase

Work Phase

Cool down and deep stretching

Final relaxation (The Best Part!)



What to Bring:

1. Please wear **loose comfortable clothing**.
2. **A water bottle**. It is important to stay hydrated
3. **A towel**. This will be used for neck/head support
3. **A Positive Attitude!!**

Adult Yoga Summer Schedule

Summer Session 1

Tues July 6
Tues July 13
Tues July 20
Tues July 27
Tues Aug 3
Tues Aug 10

COST

\$35.00 Per Session (6 classes)

\$9.00 for single class (drop In)

****Ask about our Financial Aid****



About the Teacher.

Bonnie Carnivale is a Para educator at the Gilford Elementary School. She started taking yoga lessons 12 years ago, and loved it immediately.

“Learning to breathe in a mindful way, experiencing the mind-body connection, practicing balance poses, feeling wonderfully stretched while building strength, letting go of tension, and truly relaxing was the ultimate “work-out”.”