

# YOGA

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Milford Recreation Department

Town Hall ~ 1 Union Square ~ Milford, NH 03055

603-672-1067 ~ recreation@milford.nh.gov



## Fitness Yoga Classes

Relax ... mind, body & soul!

Barbara Landry, certified YogaFit instructor, joins us to present community Fitness Yoga Classes. During fitness yoga participants are guided through a series of postures designed to purify the body and provide physical strength. Modifications are shown to accommodate all levels. Yoga releases tension in the neck, shoulders, lower back and hips. Yoga can help manage stress and maintain a healthier balance.

**WHO:** Adults  
**WHERE:** Wadleigh Memorial Library, 49 Nashua St., Milford  
**COST:** \$45 - 8 class series; \$7 drop in fee  
**WHEN:** Sundays March 4 - May 20 (No Class - Mar. 11, 18, Apr. 8, May 13)  
**TIMES:** 3:45 - 4:45 p.m.  
**TO BRING:** Yoga mat or beach towel, water bottle, & wear comfortable clothes

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### *FITNESS YOGA - SPRING 2007*

NAME \_\_\_\_\_ Address, Town, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

#### **EMERGENCY TREATMENT, RELEASE & WAIVER AGREEMENT:**

\*\* I am aware of the hazards of the activity/sport and the risk of injury in this athletic program. I certify that I am in good physical condition and am able to safely participate in this physical activity/sport.

\*\* I assume all risks and hazards incidental to such participation, including transportation to and from activities, and do hereby waive, release, indemnify and agree to hold harmless the Town Recreation Department, volunteers and staff, team or league sponsors from all liability for any and all loss or damage, and any claim arising out of injury to myself or property damage that might occur, whether caused by negligence of the Town, agents or employees, or during participation.

\*\* In case of emergency, I hereby give my permission to the medical personnel selected by the manager and staff, to act as my agent to hospitalize, secure proper treatment for, to order x-rays, routine tests, or other medical treatment for myself. PLEASE let the instructor know of any medical or health concerns or instructions before participating.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*\* PLEASE LIST ALL medical concerns or instructions that the team manager should know regarding your health.  
(i.e. medications, allergies, etc.)