

# YOGA FOR ALL

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## Milford Recreation Department

Town Hall ~ 1 Union Square ~ Milford, NH 03055

603-249-0625 ~ recreation@milford.nh.gov



## Body – Mind – Spirit Fitness Program

Instructor: Lisa Jones, Certified NIA Instructor

During yoga participants are guided through a series of postures designed to purify the body and provide consciousness, strength, and flexibility.

Modifications are shown to accommodate all levels. Yoga releases tension in the neck, shoulders, lower back and hips. Yoga can help bring awareness to transform oneself on many levels. – No prior experience is necessary!

**WHERE:** Milford Town Hall, 3<sup>rd</sup> Floor Auditorium/Banquet Hall  
**COST:** \$42 – 8 class series; \$7 drop in fee  
**WHEN:** Thursdays, June 12 – July 31  
**TIMES:** 7:00 – 8:00 p.m.  
**TO BRING:** Yoga mat (if possible–some will be available), water bottle & wear comfortable clothes

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### *YOGA – SUMMER 2008*

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.)