

# Expand to NEW ENERGY & FLEXIBILITY with CHAIR YOGA

**WHERE: Bauer Community Center  
Taylor Park, Millburn**

**WHEN: Wednesdays,  
April 10<sup>th</sup> – June 12<sup>th</sup>  
11:00am-12:00pm**

**FEE: \$54 for a 10-week series**

Certified Chair Yoga Instructor:  
Kathleen Good

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Sign and complete the form on the back  
of this paper.

Make checks payable to:  
MILLBURN TOWNSHIP.

Return registration and check to  
Millburn Town Hall.

Or send to:  
c/o Jaimee Hawkins, Millburn Town Hall,  
375 Millburn Ave., Millburn, N.J. 07040

For additional information, please contact the  
Senior Citizen Coordinator at  
[jhawkins@millburntwp.org](mailto:jhawkins@millburntwp.org) or 973-564-7091.



**Chair Yoga offers  
EASY to do poses and  
breath sequences.**

**With a consistent yoga practice  
you can achieve:**

- Relaxation through the reduction of stress hormone levels
- Decreased feelings of anxiety and depression
- Lower blood pressure and better circulation
- Improvement in sleep
- Reduced symptoms of Atrial Fibrillation
- Increased **STRENGTH & FLEXIBILITY\***

\* *Mind, Mood & Memory.* Mass. Gen. Hospital Newsletter, Harvard University (June 2013).

**RADIANT HEALTH-EASY YOGA**  
**RELEASE FORM**

- ❖ The yoga instructions offered by KATHLEEN GOOD are not medical advice, diagnosis, therapy or treatment of any medical, mental physical or spiritual problems or conditions and are not guaranteed to cure any problems or conditions related to specified conditions
- ❖ It is my responsibility to decide whether I should consult a physician prior to participating in the class. If I decide not to get a physician's approval, I then represent that I am physically fit and have no medical or mental condition that would prevent my participation in classes or instruction.
- ❖ I understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, is always present and cannot be entirely eliminated. I assume the risk of participation in those activities.
- ❖ I hereby agree that the instructor KATHLEEN GOOD shall not be liable for any injury or loss of any kind related to the participation in her chair yoga classes nor shall the facility where the class takes place be liable for any such injury or loss.
- ❖ I assume all responsibility for any loss, injury or illness that may result from my participation in the chair yoga class. I agree to release any and all claims arising there from.

**I have read the above waiver and fully understand its contents. I voluntarily agree to all the terms and conditions stated above.**

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Address including zip code

\_\_\_\_\_  
Main Phone number

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Emergency Contact Phone#