Chatham Community Center

Kind Presence Yoga Flow

Instructor: Araci Gomes. Araci is a Certified Hatha Yoga Teacher and a long term body work practitioner with training in Reflexology and Shiatsu (Acupressure).

Who: All levels are welcome, no prior experience necessary.

When: Fridays starting April 6 4:00 - 5:15 P.M. $10 per class

Description: This class is for anyone who would like to slow down, take the time to be present and be kind to himself and, through the practice of hatha yoga postures, breathing techniques, self-acupressure and relaxation, build a sense of well being, presence and balance within the mind, body & spirit. This would be a perfect way to start your weekend.

Bring: Wear comfortable clothes, and bring a yoga mat if you have one.
Note: The instructor uses aromatherapy during class sessions.

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Kind Presence Yoga Flow

Name: ____DOB ___________________

Residential Address:____

Street address (required) Town(Chatham, North, South, West, Port?)

Mailing address:____

Street #/ PO Box Town State Zip

Home #: _________________________ Work/Cell # ________________________

Email Address:____

Emergency contact: _______________________ Telephone #: ____________________

Physician: ______________________________ Telephone #: ____________________

Are there any allergies, medications or health issues that we should know about?

In consideration of your accepting my entry, I, the undersigned adult participant, intending to be legally bound do hereby for myself, my heirs, executors and administrators, waive and release forever any and all rights and claims or damages I may accrue against the Town of Chatham, its contractors, instructors, aides, their successors, representatives and assigns, for any and all injuries suffered as a result of traveling to and from and while participating in the above named program. Further, I give my permission to receive medical treatment in the event of injury while participating in the above named program. In the absence of a signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the waiver. I agree that pictures taken during program hours may be used for future promotional purposes.

____ Date: _____________

Signature

Registration Form Received By: _______________ Date: _______________