

NEW POOLSIDE YOGA **AT JINDRA POOL!**

801 TALMADGE DRIVE, WICKLIFFE



JUNE 22, 2019 AT 9AM

Join yoga instructor Cassandra Shofar for a gentle one hour Hatha-style yoga class at 9am, outdoors next to Jindra Pool (near the Wickliffe Community Center). Bring a mat, towel, water and any props you wish to use and enjoy gentle stretches, invigorating breath-work and heart-opening movements surrounded by nature's tranquil elements as Cassandra guides you through a well-rounded class topped with a deep, relaxing meditation. Preregister through the Recreation Department 440-943-7120, only \$10 per person!

REGISTRATION FORM (PLEASE PRINT)

PARTICIPANT NAME _____ OVER THE AGE OF 18: YES NO

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ E-MAIL _____

I am voluntarily participating in the Wickliffe Recreation Department's Poolside Yoga held at Jindra Park Pool. I recognize that the program requires physical exertion that may be strenuous at times and may cause physical injury and I am fully aware of the risks and hazards involved. I represent and warrant that I have no medical condition that would prevent my participation in the program. In consideration of risk of injury while participating in Poolside yoga and as consideration for the right to participate in said activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver an release liability and hereby waive any and all rights, claims or cause of action of any kind whatsoever arising out of my participation in the said activity, and do hereby release and forever discharge the City of Wickliffe, their representatives and instructors. I the undersigned participant, affirm that I am of the age of 18 or older, and that I am freely signing this agreement.

PARTICIPANT SIGNATURE: _____

PARENT/GAUARDIAN WAIVER

In the event that the participant is under the age of consent (18 years of age), then this release must be signed by a parent or guardian, as follows: I hereby certify I am the parent or guardian of _____ (_____ age) named above, and do hereby give my consent without reservation to the forgoing on behalf of this individual.

PARENT/GUARDIAN SIGNATURE: _____

RELATIONSHIP TO MINOR: _____

FEE \$ _____ CASH CHECK# _____ RECEIVED BY _____ DATE _____