



Summer Yoga

Yoga for Athletes & Cyclists Summer 2017 Sessions

TUESDAYS

June 13-27

July 11-25

August 1-15

7:00-8:15pm



3615 Mueller Road
Sheboygan, WI 53083
(920) 459-3906
Maywood@sheboyganwi.gov
www.GoMaywood.org

2017 Summer Yoga Sessions

Yoga for Athletes and Cyclists

Tuesdays at 7:00-8:15pm

Session One: June 13, 20 & 27

\$36 (\$30 if registered by May 30)

Session Two: July 11, 18 & 25

\$36 (\$30 if registered by June 27)

Session Three: August 1, 8 & 15

\$36 (\$30 if registered by July 18)

Join registered yoga teacher Barbara Kultgen (RYT 200) for a series of classes intended for both the beginning and the experienced yoga student. The series will focus on building strength, flexibility, and balance by working the entire body with the cyclist and athlete in mind. The practice of using breath work and setting intentions to improve focus will be incorporated. Maywood riders, local athletes, and those who are interested in practicing yoga in a new setting are invited to join. Classes may be held outdoors weather (and mosquito!) permitting.

Minimum of 6 participants. Your advanced registration ensures classes meet minimum attendance requirements.



Yoga Registration Form

One form per person. Photocopies acceptable. Please Print.

Name _____

Address _____

City/State/Zip _____

Primary Phone (_____) _____

Email _____

Birth Date: Month _____ Day _____ Year _____

(minors ages 12-17 MUST be accompanied by a participating adult)

Emergency Contact Information

Contact Name _____

Phone (_____) _____

Relationship _____

FEES

Summer Yoga – CHECK SESSIONS BELOW

June Session \$30 to 5/30; \$36 after 5/30

July Session \$30 to 6/27; \$36 after 6/27

August Session \$30 to 7/18; \$36 after 7/18

Amount Enclosed \$ _____

Checks payable to Maywood. (Sorry, we do not accept credit/debit cards)

I have read and agree to the waiver and release.

Signature of Participant

Date

If participant is a minor between ages of 12 to 17, a parent or guardian must also register and accompany the minor at all sessions and sign below. I am the legal guardian of the participant, and hereby consent to his/her participation. I have read the foregoing release and indemnification agreement, and hereby agree on behalf of myself and the participant to its terms.

Parent or guardian signature of 17 or under

Date

Print parent or guardian name

Phone

Maywood Waiver and Release

Please read this disclaimer carefully and sign on the opposite side:

I, the undersigned, know that yoga activities are potentially hazardous events, and attend them out of my own free will and choice. The program includes activities which may include risks such as, but not limited to, falls, interaction with other participants, equipment failure, inadequate safety equipment, and theft. In consideration of being allowed to participate in this event, I hereby fully accept and expressly assume all risks, including personal injury and death, arising out of my participation in the event and related activities. It is my responsibility to dress appropriately for this program. Although assistance may be available during this event, I am solely responsible for my health and safety. I represent and warrant that I am physically fit and able to participate in this event, and I agree to stop and request assistance if I experience any symptoms such as, but not limited to, dizziness, excessive fatigue, shortness of breath, pain, or any other condition which would make it difficult or unsafe for me to continue. I waive my rights of privacy and publicity and grant permission to all of the foregoing to use any photographs, motion pictures, video tapes, recording or other record of this event for any legitimate purpose. I agree, for myself, my heirs, executors, and administrators to not sue and to release, indemnify and hold harmless the Ellwood H. May Environmental Park Association of Sheboygan County, Inc. and the Environmental Park Trust of Sheboygan County, their affiliates, officers, directors, volunteers, independent contractors, and employees, all sponsoring businesses and organizations and their agents and employees and the City of Sheboygan from any and all liability claims, demands, and causes of action whatsoever arising out of my participation in the event and related activities—whether it results from the negligence of any of the above or from any other cause. This release and indemnification agreement shall be as broad and inclusive as is permitted by the State of Wisconsin in which the event is conducted. If any portion of it is held invalid, the balance shall continue in full force and effect. I have read, understand, and agree to the terms of this agreement.

Please be sure to check the box and sign on the reverse to indicate you have read and agree to the above waiver.

Mail completed form and payment to:

Maywood, Attn: Yoga, 3615 Mueller Road, Sheboygan, WI 53083

Weather Cancellation Dates & Refunds

In the event of cancellation due to weather or instructor illness, a make-up date will be set by the instructor. Refunds are not offered for missed or skipped classes. No proration for late registrants.