

## Christians Practicing Yoga

### *Christ Centered Stretching & Strengthening*

***Ten Week Class Begins September 8***

***Wednesday Mornings —9:30-10:45***

**Glendale Presbyterian Church Family Room**

**September 8—November 17, 2010**

**\$100 Registration Fee**

**\$25 deposit to reserve your spot**

Potential benefits include:

- Increased mobility
- Improved balance
- Increased energy
- Improved mood & sense of well being
- Decreased blood pressure
- Normalized gastrointestinal functioning

*All levels welcome*

*Scholarships available*

*Childcare available*



Your instructor, Cissy Brady-Rogers uses her unique combination of training as a psychotherapist, yoga teacher and spiritual director to help you build strength and flexibility as you deepen your connection to God's love.

***“For in Him we live and move and have our being...” Acts 17.28***

**Registration form attached/reverse side**

**cissy@cissybradyrogers.com**

**626.254.1724**

## Yoga Registration & Waiver

Please fill out, sign, and return this to me, along with your \$25 deposit, prior to your first session. Please bring a yoga mat, small towel, water and any props with you to class as limited supplies will be available at our site.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City and zip: \_\_\_\_\_

### Agreement of Release and Waiver of Liability

I, the student, hereby agree to the following:

1. That I am participating in Yoga Classes, Health Programs or Workshops offered by Cissy Brady-Rogers at Glendale Presbyterian Church during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga Classes, Health Programs or Workshops. I represent and warrant that I am physically fit and I have no medical conditions, which would prevent my full participation in the Yoga Classes, Health Programs or Workshops.

3. In consideration of being permitted to participate in the Yoga Classes, Health Programs, Workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as result of participation in the program.

4. In further consideration of being permitted to participate in the Yoga Classes, Health Programs or Workshops, I knowingly, voluntarily and expressly waive any claim I may have against Cissy Brady-Rogers, Glendale Presbyterian Church or their affiliates or property owners, for injury or damages that I may sustain as a result of participating in the program.

I, my heirs or legal representative forever release, waive, discharge and covenant not to sue Cissy Brady-Rogers, Glendale Presbyterian Church, or their affiliates or property owners, for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Date: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

Mail to: CBR, 125 E. Wheeler Ave. #C, Arcadia, CA 91006

Fax to: 208-723-0524