

Better Brain Yoga CLASS REGISTRATION FORM

Complete and return to Fitness Center with payment

Tuesdays 10:00 am

- Cost: \$40.00 Member / \$50.00 Non-Member
- Dates: August 23rd – September 27th, 2022 (6 weekly sessions)
- Participants will gain beneficial information to use on and off the mat:
 1. Understanding Neuroplasticity to Balance Effort and Ease.
 2. Meditation for Real Life: Finding Stillness in Movement.
 3. Being Our Own Best Friend: Acceptance and Listening.
 4. Calming the Tiger: Techniques for Emotional Fallout.
 5. The Power of Gratitude and Forgiveness for the Brain.
 6. Empowerment: Yoga for Uncovering Our Best Selves.

Participant Name _____

Telephone: _____ Email _____

Emergency Contact:

Name _____ Telephone _____

I understand Better Brain Yoga is gentle exercise that may enhance my physical fitness and improve my conditioning. I also understand there are inherent risks in any exercise activity and I take full responsibility for my actions and will perform at levels that I am capable without inviting undue stress or pain. There are no medical reasons why I should not participate in this class. If there are medical reasons why I should not participate, I understand it is my responsibility to obtain a clearance from my medical doctor before participating in this class.

In consideration for admission to this class, I hereby accept full responsibility for my actions and assume the risk of any injuries sustained because of participation, practice, or lessons involving yoga. I release, hold harmless, and forever discharge Catawba Valley Medical Center, Fitness Plus, its agents, employees and designees of any claims, liabilities, injuries, and expenses that may arise because of participation in this class, practice, or lessons involving these yoga classes and related exercises.

Signature

Date

Staff Use

Date _____

Amount paid _____ Cash____ Check ____ CC____ PRD_____