

FREE CHAIR YOGA AT THE COHEN CLINIC

EVENT INFORMATION

Date: Wednesday, August 1, 2018

Time: 5:00 PM - 6:00 PM

Registration:

Space is limited! Please email completed Yoga Registration Form to Brenda Campbell at bcampbell@eseal.org.

LOCATION



The Steven A.Cohen Military Family Clinic at Easterseals

1420 Spring Street Silver Spring, MD 20910

Parking: Turn on Second Ave, the parking garage is directly under the Easter Seals building.

For anyone who has ever hesitated to try yoga because of the challenge of getting down onto the floor or doing standing poses. Just about any pose that can be done standing, sitting, or lying on a mat can be adapted to sitting on a chair. Everyone, beginner to advanced, is accommodated, as each pose will be presented in multiple levels of flexibility. The class will include breathing, meditation, stretching, strengthening and a lot of fun – all while sitting on a chair!

- Better Sleep Quality
- Improved Mental Clarity
- Stress Relief
- Deep Mental Relaxation
- Optimal Performance
- ★ Open to Veterans and Military Families
- ★ No Cost
- Child Care Provided
- ★ Free Onsite Parking
- * Metro Accessible



CHAIR YOGA REGISTRATION FORM

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Waiver of Liability and Informed Consent

I acknowledge that it is my duty to exercise ordinary care for the protection of others and myself while attending yoga class with Montressa L. Washington, PhD. I assume the risk of physical activity with my own physical condition. I have received advice from my doctor that I am capable of physical exercise such as yoga, or I will seek such advice, or I will assume the risk of exercising without a doctor's examination.

I take complete responsibility for my presence and I will not hold Montressa L. Washington, Sky House Yoga, The Steven A. Cohen Military Family Clinic at Easterseals, or any substitues or those affiliated with this class, responsible for any injuries or loss I may incur as a result of my participation in any yoga class or discipline now or in the future.

I hereby confirm that I have read and fully understand this release of liability and assumption of risk agreement, fully understand its terms, and sign it freely and voluntarily without inducement.

Signature _____ Date _____