



FREE YOGA AT THE COHEN CLINIC

EVENT INFORMATION

Workshop Dates & Times:

June 27: 6:30 PM - 7:30 PM

June 30, 2018: 10:00 AM - 11:00 AM

July 11, 2018: 6:30 PM - 7:30 PM

July 13, 2018: 12:00 PM - 1:00 PM

July 14, 2018: 10:00 AM - 11:00 AM

Registration:

Space is limited! Please email Brenda Campbell at bcampbell@eseal.org.

Curious about yoga? Want to increase strength and flexibility? Yearning to relax for a few minutes each day? Join us for a free yoga session! These hatha flow style yoga mixed level classes are for beginners and those with some yoga experience. All poses can be modified to work for students with different levels of ability. *Please bring a yoga mat, blanket and water bottle.

- ▶ Better Sleep Quality
- ▶ Improved Mental Clarity
- ▶ Stress Relief
- ▶ Deep Mental Relaxation
- ▶ Optimal Performance

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.

- ★ **Open to Veterans and Military Families**
- ★ **No Cost**
- ★ **Child Care Provided**
- ★ **Free Onsite Parking**
- ★ **Metro Accessible**



YOGA REGISTRATION FORM

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Workshop Dates & Times:

*Please place a check mark next to the class(es) you would like to attend.

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Registration:

Please complete this form and email it to Outreach Manager, Brenda Campbell at bcampbell@eseal.org.

Name _____

Home Phone _____ Cell Phone _____

Email _____

Prior Yoga Experience? _____

Injuries/Medical Conditions? _____

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 substitutes 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 _____

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