

GILFORD PARKS & RECREATION DEPARTMENT
2024 Summer Yoga Program

Participant's Name _____ Age ____ Date of Birth _____

Address _____

Telephone # _____ Alternate Phone # _____

Email Address _____

Parent's Name If Participant Is a Minor _____

In Case of Emergency, Contact: Name _____ Telephone # _____

Please list any health concerns of the Participant _____

2024 Yoga Program: Open to participants of all ages.

Program will be held on Tuesday mornings and Thursday evenings from **July 9– August 15, 2024**

(Session dates may be extended to accommodate cancellations due to inclement weather)

All lessons will be held at the Gilford Town Beach on Varney Point Road.

Tuesday classes run from 9:30am-10:30am

Thursday classes run from 6:00pm-7:00pm

Fee: \$60.00 for 6 classes; or \$15.00 daily drop-in fee

By signing below, I give permission for me/my child to participate in the Yoga Program sponsored by the Gilford Parks and Recreation Department in conjunction with Renee Cupples, Certified Yoga Instructor. I understand that my/my child's photo may be taken during the course of the program to be used for promotional purposes or to be displayed on the Parks and Recreation Department's website and/or Facebook page. I understand that this program will be held outdoors during the summer and can take place in a variety of conditions that include but are not limited to; exposure to extreme hot and/or cold, rain and wind; and surfaces that may be uneven and/or slippery. I understand that yoga is a physical activity with inherent risks that may result in death, hypothermia, heat stroke and injuries including but not limited to; paralysis, muscle pulls and strains, broken bones, sprains, cuts, scrapes and bruising. I also understand that participating in the yoga program may subject me/my child to exposure to the COVID-19 virus. I accept all risks inherent to said activity and do hereby release Renee Cupples, the Gilford Parks and Recreation Department, their staff and volunteers assisting with this program from any liability arising out of any injury which may occur to me or my child during the normal course of the above mentioned program.

Parent/Participant Signature: _____ Date: _____

Registration fee (\$60.00 for 6 classes or \$15 drop-in) Cash _____ Check _____

Make Checks Payable to: **Gilford Parks and Recreation**

Return to: Gilford Parks and Recreation Department
47 Cherry Valley Road, Gilford, NH 03249
Phone: (603) 527-4722