



# 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](mailto: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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\*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](mailto: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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