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**Yoga Class Registration Form**

**CHIP Physical Therapy**

Submit to CHIP Physical Therapy, Attention: Debi Fritz, 119 S Jefferson, Sigourney, IA 52591

**Classes:**

**Monday**: 1:30 pm, 60 minutes, must be able to transition from standing position to the floor

**Tuesday**: 10:15 am, 30 minutes, a chair will be utilized for standing balance and strength activities and seated for flexibility and strength activities

**Wednesday:** 5:30 pm, 60 minutes, must be able to transition from standing position to the floor

**Thursday:** 4:30 pm, 30 minutes, a chair will be utilized for standing balance and strength activities and seated for flexibility and strength activities

**Cost:** 60-minute class is $5.00 per session or 10 punch pass for $45.00

30-minute class is $3.00 per session or 10 punch pass for $30.00

**Details:** Bring a mat for the 60-minute class, you may want to bring a towel/blanket, pillow, water

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Liability Waiver Agreement**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name) understand that yoga includes physical movement to assist with strength, flexibility and balance. This activity offers an opportunity for relaxation, correction of posture and faulty movement patterns. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for assistance from the instructor. Yoga is not a substitute for medical attention. It does not include examination, diagnosis or intervention. Yoga is not recommended, nor safe under certain medical conditions. I affirm that I am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter have against CHIP Physical Therapy or Debi Fritz.

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Signature Date

**For questions call Debi Fritz at 641-224-2190**