



North Shore Rink Management

2011 MVSC YOGA CLASS – SPRING SERIES

April 5th – June 21st (11 weeks)

NO CLASS APRIL 19th (MA VACATION WEEK)

PLEASE NOTE: THERE MUST BE A MINIMUM OF 6 SKATERS REGISTERED IN ORDER TO HOLD THIS CLASS. THIS DOES NOT INCLUDE DROP IN PARTICIPANTS. IF THE MINIMUM OF 6 IS NOT MET THE CLASS WILL NOT BE HELD.

TUESDAY 6-6:45pm

Graf Rink Conference Room

Cost: \$110 for 11-weeks (\$10/class for contracted participants)

*All participants must bring their own Yoga mat. Class will be performed in socks or bare-foot.

*Drop In Price: \$12/class and must be paid to Nikki prior to going into the class.

Directed by: Carolyn Rose Lake

- Registered through the National Yoga Alliance (200 hr RYT)
 - NCSF Certified Personal Trainer
- Comprehensive understanding of yoga asana, pranayama, anatomy of yoga, Shiatsu, Thai bodywork, Ayurveda, Sanskrit, yogic philosophy, mudras and meditation techniques.
 - Trained in Kali Ray Tri yoga, Rasa, Meridian and Kundalini yoga.

YOGA - The sum total of all the activities of the mind, speech and body.

Carolyn walked into her first yoga class many years ago with the knowledge that she would teach someday. She went on to teach every other aspect of fitness until finally arriving full circle into yoga. She appreciates all that she has gained from her various trainings and has learned to bring that knowledge into her practice, to provide a powerful, yet attainable goal for each individual. Carolyn believes that strength is not just physical, but mental. She has her students achieve their goals through the power of the mind. She provides strength within movement, opening and closing the body, strengthening, and stabilizing the muscles. Carolyn believes that the addition of yoga to any fitness routine will only enhance what you are already doing and that yoga trains you for life while teaching you to learn and live.

Please mail application, waiver and full payment to:

MVSC Yoga Class

Henry Graf Rink

28 Low St.

Newburyport, MA 01950

Checks should be made payable to MVSC (Merrimack Valley Skating Club). Cash will be accepted if paying in person at the rink. You may also pay with your Visa or MasterCard (noted on registration form). Drop in fee is \$12 and payment must be paid to Nikki (cash or check payable to MVSC) before going into the class.

PLEASE NOTE:

There will be no registration confirmations sent. You will be notified with any changed information. All schedules are subject to change depending on enrollment. There will be no refunds or make-ups given due to your own cancellations or conflicts. Refunds will only be granted for medical or family emergency situations. A doctor's note must be provided for medical refunds. Your full payment and completed waiver must accompany your registration.

UPCOMING EVENTS!

Our summer series of Yoga will begin at the end of June. Please check in with www.grafrink.com to find all MVSC and Graf Rink information!

Graf Skating Rink - 28 Low St., Newburyport, MA 01950 / Janas Skating Rink - Douglas Rd., Lowell MA 01852

Graf Rink - Phone (978) 462-8112 - Fax (978) 462-1991-www.grafrink.com

Graf Rink
Merrimack Valley Skating Club Yoga Class

Waiver of Liability and Informed Consent Release
Directed by Carolyn Rose Lake

PURPOSE AND EXPLANATION SERVICE

I understand that the purpose of the program is to develop and maintain cardio respiratory fitness, body composition, flexibility, muscular strength and endurance.

RISKS

I understand, and have been informed, that there exists the possibility of adverse changes when engaging in a physical activity program.

BENEFITS

I understand that participation in an exercise program has many health related benefits.

INJURIES AND FREEDOM OF CONSENT

I have been given an opportunity to ask questions about the program. I acknowledge that I have read this document, disclosed any concerns, and consent to participate.

Print participant name: _____ Age: _____

Please list any injuries within the last six months: _____

Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

(If participant is under the age of 18.)

Emergency Name and Contact Phone Number: _____

North Shore Rink Management

Merrimack Valley Skating Club

ASSUMPTION OF RISK AND COMPLETE RELEASE

2011 Yoga Class

Participant Name _____

Street Address _____

City, State, Zip _____

Phone Number _____

Email _____

In consideration of permission to use, today and on all future dates, the property, facilities and services (Facilities) of Graf Skating Rink in Newburyport, MA, I, the undersigned (Parent/Skater), hereby expressly agree:

- 1.) That skating and off-ice conditioning (dry land training) is a participation sport and I am fully aware of the risks and hazards involved in or arising from my use or presence upon the facilities. I hereby assume any and all risks involved in or arising from my use of our presence upon the facilities, including, without limitation, the risks of bodily injury resulting from collision between myself and another person or a stationary object or the negligent or deliberate act of another person:
- 2.) To release NSRM and/or MVSC and all of its successors, assigns, affiliates, officers, directors, instructors, employees and agents from, and agree not to sue any or all of them on account of or in connection with any claims; causes of action, injuries, damages, costs or expenses arising out of Skater's use of or presence upon the Facilities, including, but not limited to, those based on bodily injury, whether or not caused by the negligence or other fault of NSRM and/or MVSC.
- 3.) This release shall be binding upon my heirs, administrators, executors, assigns and legal representative.
- 4.) To waive the protection afforded by any statute or law in any jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing the release.
- 5.) If I ignore this agreement and file suite, I will be held responsible for all attorney fees and court costs incurred by NSRM and/or MVSC.
- 6.) I have read and understand this agreement. I understand that by signing this agreement I surrender valuable rights, including, but not limited to, my right to sue. I do so waive voluntarily.

Signature _____ **Date** _____

(Parent signature if participant is under the age of 18.)