WORKSHOPS WITH ALEXANDRA

FALL WORKSHOPS 2017 – PRE REGISTRATION REQUIRED!

Partner Yoga: Experience the fun and discovery of practicing yoga with a partner. Go deeper into poses & feel uniquely supported as you learn how to work with another person. Couples, family, friends, co-workers, ANYONE is welcome to join us! If you don't have a partner, we will find you one. This will be a standing and floor-based class. Please alert the teacher beforehand to any specific physical concerns you might have.

Restorative Yoga with Guided Meditation: Using Restorative (supported poses) & Gentle Yoga, we will aide in stress reduction, energy balance and the release of physical and neural tension. You will then be guided through Yoga Nidra, a rotation of consciousness in the body allowing for deep relaxation, harmonizing the body and mind. This 90-minute workshop should leave you READY FOR great night’s sleep. There may be hands-on assists offered from the teacher – please alert her if you do not wish to be assisted.

Simple Techniques for Pain Management: A class for anyone seeking accessible ways to relieve pain (physical and emotional). Learn a variety of techniques you can use to retrain the brain and ease your pain!
**Fall Workshops - with Alexandra**

**PLEASE CIRCLE YOUR CLASS CHOICE(S) BELOW...**

<table>
<thead>
<tr>
<th>Partner Yoga - 90 minute</th>
<th>Yoga Nidra – 90 minute</th>
<th>Simple Techniques for Pain Management:</th>
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</thead>
<tbody>
<tr>
<td>□ Wed. Oct 18th from 5:30-7PM</td>
<td>□ Friday Sept. 29th 5:00-6:30PM</td>
<td>□ Tue. Sept. 26th 3:30-4:30PM</td>
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<tr>
<td>$20 individual/ $35 couple</td>
<td>□ Wed. Oct. 25th 5:30-7:00PM</td>
<td>$10/class</td>
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<td>$20 per class</td>
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Name ______________________________________________________ (Adult Fitness Center Member no address needed)

Address __________________________________________________________________________ Phone ______________

City __________________________________________ State __________ Zip ______________

Email: ________________________________________________________________

Returning Student?  YES / NO

**Session Dues:** Sessions may be purchased in the quantities and prices listed. Dues will be collected before participation for the full price of the session or on a per-class drop in basis. Session payments are non-refundable unless in the case of illness, death or client relocation of more than 25 miles away. Clients will not be refunded for classes that are missed during the session. In the case of cancelation due to inclement weather, a makeup class will be offered. Payment is accepted by Check made out to The Fitness Center at Burke. This registration flier and payment by check may be mailed to the following address or dropped at the Fitness Center at Burke located in the “billings” building. *Courses are dependent on sufficient enrollment. If classes are canceled, fees will be refunded*

Kathleen Siegel
Burke Rehabilitation Hospital
785 Mamaroneck Ave.
White Plains NY 10605

**Class Liability Waiver- All Participants Must Sign**

I realize there is some risk associated with participation in any physical exercise such as injury to muscles, ligaments, tendons and abnormalities of the circulatory system, dizziness and in rare instances loss of consciousness. I am willing to assume such risk.

In consideration of my participation in a class sponsored by The Burke Rehabilitation Hospital, I hereby release an hold harmless my instructor, and The Burke Rehabilitation Hospital, its employees, subsidiaries, affiliates, offices, directors and/or representatives from and against any and all lost cost or expense, (including attorneys fees) of any nature whatsoever, now or in the future, arising from my participation in this program including but not limited to liability related to the injuries listed above, however caused, whether they occur during or after my participation in this program. I hereby affirm that I have read and fully understand the above, and that my signing of this waiver is knowing and voluntary.

Signed________________________________________________________ Date: ______________________

Payment information: We accept Visa/MasterCard/American Express

☐ Credit Card
☐ Check for full Amount

Explanation of Payment: ________________________________________