

Gentle Yoga with Somatic Movements

7 Week Early Fall 2015 – Holmdel Area

Wednesday Afternoon Starting 9/9/15 4PM

Sunday Evening Starting 9/13/15 7PM



Program Description: A yoga program for adults who are looking to develop or add onto a regular yoga practice to help increase range of motion, agility, flexibility, endurance and core strength and help reduce imbalances that could lead to injury. We will focus on reducing the tightness in our hamstrings, hips, and backs while strengthening the upper body and working on our core and balance. It also provides a time out of each week to slow down and relieve stress. Somatics use body awareness techniques with gentle movement to actively relax muscles. We end each session with a guided meditation for complete relaxation. The program will be led by **experienced and certified yoga instructor, Somatic Exercise Coach Elaine Hartung.**

Program Pre-requisite: There is no need to be flexible. Bring your own mat.

When and Where: Classes will be held in the Holmdel area. Exact location will be sent to participants. Due to limited space considerations, pre-registration is suggested.

- 7 Wednesday 4PM afternoon yoga weekly sessions: starting 9/9 and ending 10/21
- OR**
- 7 Sunday 7PM evening yoga weekly sessions: starting 9/13 and ending 10/25
 - Drop in welcome with RSVP

Class size is strictly limited as space permits. First come, first served.

Fee: 7 weeks \$85. Registration closes for each time slot when it reaches capacity.

Questions / Information: e-mail to CoachElaine@Yahoo.com or JMacRunning@Yahoo.com

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Registration Form for Gentle Yoga Holmdel Early Fall 2015 Season – Please Print Clearly

Last Name _____ First _____ **Session (circle one):** Wednesday Sunday

Street _____ Town _____ State _____ Zip Code _____ Cell Phone _____

Email (necessary for notifications or updates) _____

Birthday (mm/dd/yy) _____

Please Read and Sign: I know that yoga or strength training can be a potentially hazardous activity. I confirm that I am physically fit and qualified to participate in this program. I agree to abide by any decision relative to my participation in this program. I assume all risks associated with participating in this program and recognize that yoga may require some physical exertion which may be strenuous and may cause physical injury, all such risks being known and appreciated by me. Having read this waiver and knowing the facts, and in consideration of your acceptance of my application for this program, I for myself and anyone entitled to act on my behalf, waive and release FITtasticNJ LLC, its staff, employees, agents and sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this program. I fully understand that there are no refunds for this program. I attest that I am at least 18 years old.

Signature (Participants must be at least age 18) _____

Date _____

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Make Checks payable and Mail to: FITtasticNJ LLC , P O Box 83, Holmdel, NJ 07733