



**PARKS & RECREATION DEPARTMENT  
SENIOR SERVICES OFFICE**

6621 Wilson Mills Road—Mayfield Village, OH 44143  
Mailing Address: 6622 Wilson Mills Road—Mayfield Village, OH 44143  
Phone: 440-919-2332 Fax: 440-919-0207

**YogaReach presents  
DYNAMIC ARTHRITIS EXERCISES  
Fall 2016**

Join our Arthritis Exercise regime and learn how simple, low impact movements will help increase joint flexibility, range of motion, and muscle strength. YogaReach LLC provides a therapeutic adaptive program that is led by experienced and highly trained instructors from a wide array of disciplines. Our program serves individuals who love to promote ability development. YogaReach programs teach an integrated system of adaptive poses, breath work, daily function skills, movement exercises, and facilitate ongoing group/individual discussions. We empower our participants to focus on what they can achieve and reinforce an optimistic approach. Please wear comfortable clothes.

WHEN: Wednesdays

SESSION 1: Wednesdays, September 14-November 2 (No class 10/5 & 10/12)

SESSION 2: Wednesdays, November 9-December 14

TIME: 2:00-3:00 p.m.

WHERE: Mayfield Village Civic Center, 6622 Wilson Mills Road

COST: \$64/6-week session

CLASS MINIMUM: 8 students

DEADLINE TO REGISTER: At least one week prior to session starting date.

Registration information is on the reverse side of this flyer.

## REGISTRATION/WAIVER—ARTHRITIS EXERCISE—FALL 2016

**Please circle the session for which you are registering:**

- SESSION 1      Wednesdays, September 14-November 2, 2016 (No class 10/5 &10/12)—\$64/6-wk. sess.
- SESSION 2      Wednesdays, November 9-December 14, 2016 — \$64/6-wk sess.

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

If paying by credit card, we accept MasterCard, Visa, and Discover.

Credit Card No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code: (the last 3 digits on the back of your card) \_\_\_\_\_

Signature: \_\_\_\_\_ Total Amount: \_\_\_\_\_

I hereby release and hold harmless Mayfield Village Parks & Recreation/Senior Services and all employees, agents and representatives from any and all claims, costs, damages, and liabilities for any injuries sustained by myself in any program offered by Mayfield Village. I understand that any fees charged for a program do not include accident, or personal property insurance. I further represent that I am physically capable of participating in the program in which I am enrolled, based upon consultation with my personal physician. Further, in the event of any injury, I hereby GIVE MY PERMISSION and consent and authorize emergency first aid/or hospital care or treatment for myself if deemed necessary by qualified medical or emergency personnel, or by said employees, agents, or representatives of Mayfield Village and further agree to assume all expenses for said treatment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_