

City of Iola Recreation Presents: **Yoga with Sarah Noah**



Low impact group fitness class, using a combination of traditional yoga poses, mobility exercises, core training and breath work. By the end of the session, participants should notice an improvement in mobility and core strength. Students will need a yoga mat for the class, a towel, 2 yoga blocks, yoga strap, and water are suggested.

Noon Monday & Thursday from 12:00-1:00 PM.

Jan Session: January 2, 5, 9, 12, 16, 19, 23 & 26.

Jan-Feb Session: January 30, February 2, 6, 9, 13, 16, 20 & 23.

Feb-Mar Session: February 27, March 2, 6, 9, 13, 16, 20 & 23.

Mar-Apr Session: March 27 & 30, April 3, 6, 10, 13, 17 & 20.

Evening Tuesday & Thursday from 6:30-7:30 PM.

Jan Session: January 3, 5, 10, 12, 17, 19, 24 & 26.

Jan-Feb Session: January 31, February 2, 7, 9, 14, 16, 21 & 23.

Feb-Mar Session: February 28, March 2, 7, 9, 14, 16, 21 & 23.

Mar-Apr Session: March 28 & 30, April 4, 6, 11, 13, 18 & 20.

Classes are open to all fitness levels.

Classes will be held at the Recreation Building, 500 Park Ave., Riverside Park.

\$35.00 class fee. Give it a try and join us for one class for just \$5.00!

Ages 18 years of age and older may participate. Register prior to the first class, or with Sarah the first day of class.

For more information contact the Recreation Office at 620-365-4990.

Please complete one registration form per participant. Payment must accompany the completed registration form. Return form to Sarah at class, or the Recreation Office during normal business hours, place forms in the drop box located on the southeast side of the Recreation Building, or mail to P.O. Box 308, Iola.

Name: _____ Main Contact Phone: _____
(Please Print)

Address: _____ City: _____ Zip: _____

Email Address: _____ Age: _____

Please list any medical conditions: _____

Emergency Name and Phone: _____

CANCELLATION POLICY: In the event of a cancellation due to weather conditions, Iola Recreation will post the cancellation on the City of Iola – Recreation Facebook page. **REFUND POLICY:** As deemed necessary the City of Iola Recreation Department may refund fees and cancel any program with insufficient enrollment response. Otherwise, no refunds will be provided! **WAIVER:** I hereby agree to accept all of the risks of injury or accident of the participant named in the above program. The risk to have contact with individuals, who have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to Covid-19, MRSA, Influenza, or other medical conditions or diseases does exist, and it is impossible to eliminate the risk that the participant could be exposed to and/or become infected through contact with or close proximity with an individual with a communicable disease. I agree to release the City of Iola, their employees, agents, representatives, instructors, coaches, officials and all volunteers associated with this program from any liability resulting from any circumstances that may arise in connection with the program. **PHOTOGRAPHY CONSENT, RELEASE AND WAIVER OF LIABILITY:** I hereby give my consent to the City of Iola Recreation Department to photograph me and use the photograph(s) for informational, educational, promotional, or publicity purposes concerning the city and its services. I understand that the photograph(s) may be used on the city's Website, TV Channel 6 or in official city publications or displays, public newspapers, magazines, reports, or other public documents; or electronic or digital recordings. I also understand that the photograph(s) may be used without any further consent or authorization from me; the city may modify the photograph(s) in the process of editing, and I will not be entitled to any compensation for use of the photograph(s). I also agree to release the City of Iola, its officers, employees, or agents, from any and all liability arising out of or connected to the use of the photograph(s) as stated above. I have read and understand the foregoing consent, release, and waiver of liability, and voluntarily accept and agree to its terms.

Signature _____ Date _____

____ Noon Jan \$35 ____ Noon Jan-Feb \$35 ____ Noon Feb-Mar \$35 ____ Noon Mar-Apr \$35 ____ One Time \$5

____ Evening Jan \$35 ____ Evening Jan-Feb \$35 ____ Evening Feb-Mar \$35 ____ Evening Mar-Apr \$35 ____ One Time \$5

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**** Please make checks payable to the City of Iola. ****