



Township of Teaneck
Teaneck Recreation Department
250 COLONIAL COURT—TEANECK, NJ—07666



Yoga with Carol

Fall 2020



COURSE AT A GLANCE

WHO: Adults ages 18–54

WHEN: Tuesdays: 6:00–6:55pm

Class will meet once a week for 6 weeks

Sept: 22, 29 Oct: 6, 13, 20, 27

(Unfortunately, this session cannot accommodate make-up classes)

WHERE: Votee Park Band Shell

FEE: \$85 (Teaneck residents only)

COURSE OVERVIEW

The Teaneck Recreation Department is pleased to offer Yoga for adults from 18–54 years of age. Both men and women, whether new to the practice of yoga, seasoned, or somewhere in between, can expect a challenging asana (posture practice), that is sensitive to each student’s needs and level of experience. **Please come to class with your yoga mat, dressed in comfortable clothing, and be prepared to give yourself the kind of attention you deserve.**

Class will be taught by Carol Berlin. She is a E-RYT 500-hour level yoga teacher and the director of the Freedom Within Yoga studio in Teaneck. In Carol’s words, “it is truly my passion to offer yoga practices that are designed to inspire, uplift, and uncover our natural sense of wellbeing and strength. “Carol often is asked, “is yoga a religion or an exercise?” Her response is “it is very much a spiritual-physical practice that is both mentally and physically beneficial.”



COVID-19 SAFETY MEASURES

The Teaneck Recreation Department follows all CDC Guidelines. Participants must wear a mask along with maintaining social distance. There will be a COVID-19 screening prior to the start of every class which includes a temperature check and a COVID-19 symptoms questionnaire.

For more information or if special accommodations are needed, please call us at (201) 837-7130 ext. 1.

REGISTRATION PROCEDURES

Send your form & proofs to:
Teaneck Recreation Department
250 Colonial Court
Teaneck, NJ 07666

MAIL-IN/DROP-BOX REGISTRATION (TEANECK RESIDENTS ONLY): Beginning August 31

Complete the **registration form** below with **Proof of Residence** (copy of a New Jersey Driver’s License, current utility bill, etc.) You may **mail** us your forms or utilize the **drop-box** in the Rodda Center lobby. **DO NOT INCLUDE PAYMENT** with your application; you will be notified of class availability and given **48 hours** to bring payment to the administrative office. **Only one applicant per form; please do not put multiple names on the same form.** Each family should include all of their applications in **one envelope**.

FALL 2020 REGISTRATION FORM - YOGA WITH CAROL

PLEASE WRITE LEGIBLY AS WE WILL USE THE PROVIDED INFORMATION BELOW TO CONTACT YOU

Name: _____ Gender: _____ Date of Birth: _____

Address: _____ Primary Phone: _____
(Please include City/State/Zip if you are not a Teaneck resident)

*Email: _____ Secondary Phone: _____
*Please provide a current email address to stay up-to-date with any course changes or cancellations.

Do you need a modification because of a disability/special need to enjoy this program? **yes** or **no** (please circle one)

Pictures may be taken by a Teaneck Recreation Department employee to be use for publicity purposes. If you have any questions, concerns, or objections please contact the Recreation office in writing.

I agree that I do hereby assume all risks of injury to myself and/or my child participating in the program, and of loss or damage to personal property arising out of or incident to the above-mentioned activity. I further testify that I understand the program of activities in which I propose to engage. With this knowledge, I assume whatever risk such activities may entail or accrue to my person, child, property, or equipment and agree that I will not seek any claims for injury or liability against the Teaneck Recreation Department and/or the Township of Teaneck, its instructors and/or program leaders associated with this program.

Print Name: _____ Signature: _____ Date: _____

Township of Teaneck

Liability Waiver

READ BEFORE SIGNING

In consideration of being allowed to participate in any way in all recreation activities, the undersigned acknowledges, appreciates and agrees that:

1. The risks of injury and illness (ex: communicable diseases such as MRSA, influenza and COVID-19) from the activities involved in this program are significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist, and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I have reviewed and will adhere to all of Governor Murphy's Executive Orders including Executive Order #149, the Center for Disease Control and Prevention (CDC) guidelines and the New Jersey Department of Health guidelines for COVID-19 in all respects while using municipal facilities or participating in municipal activities, and,
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS Township of Teaneck, their elected officials, commissioners, officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS,
6. DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT

Participants Name _____

Participants Signature _____

Date Signed _____

FOR PARTICIPANTS OF MINORITY AGE (*UNDER AGE 18 AT THE TIME OF REGISTRATION*)

This is to certify that I, as parent/guardian with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of the activity and his/her responsibilities for adhering to the rules and regulations. I for myself, my spouse and child/ward do consent and agree to his/her release provided above for all the Releases and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's/ward's involvement or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

Parent/Guardian Name _____ Parent/Guardian Signature _____

Date Signed _____ Emergency Phone Number _____