



Moms & Daughters (ages 5-10) Yoga Series

**Tuesday Evenings 7:15 to 8:15 PM
January 12 – March 2, 2010**



Location

Inner Door Center
317 E. Eleven Mile Rd.
Royal Oak, MI 48067

Fee

\$190.00 for mom/daughter pair for eight week series
(\$48 for each additional daughter)

Register by **January 6, 2010**

Mail waivers (separate one for mother and daughter) and check payable to Lisa Ballo, to:
122 Royal Ave.
Royal Oak, MI 48073

This fun eight week yoga series is designed for moms and daughters to enjoy quality time together while relaxing and taking care of themselves.

The classes will include breathing exercises, yoga poses/games and visualizations helping to manage stress, build self-awareness and stay fit.

No prior yoga experience necessary. Mats provided.

Wear loose, comfortable clothing and arrive ten minutes early. Bring a willing spirit and sense of adventure!

Lisa Ballo
Certified
YogaEd
Instructor



Questions?
248.761.6815 or
lballo@comcast.net

EMBODY • EMPOWER • EXCEL

Lisa Ballo Yoga Classes/Workshops/Series
Agreement of Release and Waiver of Liability

Last Name: _____ Middle Initial: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

Cell Phone: _____ Birth Date: _____ (mm/dd/yy)

Email Address: _____ Occupation: _____

Emergency Contact: (Name, Phone and Relationship) _____

How did you hear about us? _____

1. I am a participant in Yoga Classes, Wellness Programs or Workshops offered by Lisa Ballo and Associates (collectively "LB" represented as "Lisa Ballo and any of her associates") during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved. 2. In consideration of being permitted to participate in Yoga Classes, Wellness Programs or Workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participation in the program. 3. I understand during classes at LB, instructors may physically adjust me. I release all personnel associated with LB from any claim whatsoever on account of adjustments, treatment or service rendered during my participation in Yoga Classes, Wellness Programs or Workshops. 4. In further consideration of being permitted to participate in Yoga Classes, Wellness Programs or Workshops, I knowingly, voluntarily and expressly waive any claim I may have against LB for injury or damage that I may sustain as a result of participation in Yoga Classes, Wellness Programs or Workshops. 5. I understand that it is my responsibility to consult a physician prior to and regarding my participation in Yoga Classes, Wellness Programs or Workshops. I represent and warrant that I am physically fit and I have no medical condition, which would prevent my participation in the Yoga Classes, Wellness Programs or Workshops. 6. I assume all responsibility, for all risks of damage or injury that may occur to me as a student of the LB courses and instruction while attending classes, participation in exercises, using the assigned LB locations. 7. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue LB for any injury or death caused by their negligence or other acts. 8. Furthermore, I give permission to LB to use photographs and/or comments in which I or family members have or are featured. Photographs and/or testimonials obtained during an LB sponsored event may be shared with program participants, and/or used as a part of a public display which may include the LB website and/or print and electronic publications. 9. I understand all classes/series are non-refundable and non-transferable. 10. Payment of Services: Students must provide full payment prior to participation in class. 11. Returned Checks: All returned checks will be charged a \$35.00 processing fee.

I acknowledge that I have read this document in its entirety or, if I am unable to read the form, it has been read to me in its entirety. I have had an opportunity to ask questions, which have been answered to my satisfaction. I voluntarily consent to the terms and conditions stated above.

Signature

Date

Print Name

If Under 18 Years Of Age: As parent/legal guardian of _____ ,
I consent to the above terms and conditions.

Signature of Parent

Date

Print Name