

Incredible Infants

Yogawerks is excited to be bringing Incredible Infants - a special three-part workshop series dedicated to mom and her newborn baby.

TIME: 11:15 AM-12:30 PM

DATES: TBD: PLEASE NOTE: THE DATES WILL BE POSTED SOON. WE ARE SETTING THE CLASSES SOMETIME IN APRIL. IF YOU ARE INTERESTED, PLEASE CALL 847-713-2423 TO PRE-REGISTER.

AGES: NEWBORNS UP TO CRAWLING

FEES: \$75 FOR ALL 3 CLASSES

Topics Include:

INFANT MASSAGE

- Deep relaxation for Mom and baby. Stimulation for all the body's systems.

INFANT YOGA

- Builds muscular strength and balance (just like mom)
- Cognitive development
- Learn relaxed holding techniques
- Baby Inversions - *just plain fun!!*

GUIDED MEDITATION

- Simple techniques to let go of frustrations and doubts

OPEN DISCUSSION

You're not losing your grip on reality!

What do you have questions about?? Let's talk,

Mom-to-Mom in a relaxed, no pressure atmosphere.

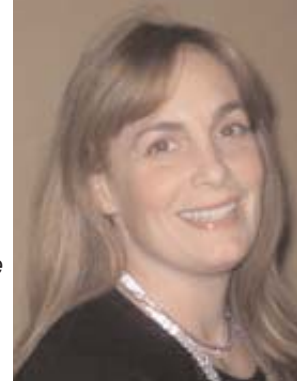
WHAT TO BRING

- A yoga mat (if you have one), baby blanket and diaper bag stocked as usual.

OTHER INFORMATION

Babies must NOT be crawling. Rolling over is ok.

No yoga experience is necessary.



About Toni:

Toni Gilroy, RYT 200, Certified Personal Trainer, fell in love with yoga over 13 years ago. She began her journey studying meditation and yoga in the Iyengar tradition. After exploring many styles, she found her groove in the very playful and heart-centered Anusara Yoga. Currently she teaches Yoga from the Heart, Pilates, and Baby Yoga. When working one on one with students, she blends Thai Massage and yoga for a deeper experience. For Toni, witnessing students blossom and grow is a daily blessing.

Please read and sign waiver on reverse side.

Please complete this form, printing clearly.

- Mail or bring to Yogawerks: 232 E Main Street, Barrington, IL 60010

Name _____

Childs Name _____

Phone (cell or work) _____

Phone (home) _____

Email Address _____

Address (include City State and Zip) _____

Payment Options: (check one) see pricing above

Check (enclosed) Cash

Total Fees \$ _____

Credit Card: (circle one) Visa / Mastercard

Card Number: _____

Expiration Date: _____

Signature _____

Yogawerks

Workshops & Instruction for Anusara-Style Hatha Yoga

Barrington • 232 E. Main Street, (2nd flr) 60010

847-713-2423 www.yogawerks.com

Agreement and Liability Release

Notice

Before participating in this or any exercise program, individuals should consult with a physician. Individuals under eighteen years of age must be accompanied by a parent or legal guardian.

Voluntary Participation

I understand, acknowledge that I have voluntarily chosen and requested to participate in the yoga class, workshop, training, event, or activity sponsored by Chad Satlow doing business as Barrington Yogawerks, Inc.

Acknowledgement

I am aware that participation in the yoga class, workshop, training, event, or activity may be hazardous. I acknowledge that a certain minimum level of physical health, strength, fitness and flexibility will be required. I represent that I possess that level of health, strength, fitness and flexibility necessary to participate in these activities. I am voluntarily participating in these activities with the knowledge of the risks of injury. I shall assume all responsibility for any and all injuries I may sustain due to my participation in these activities.

Release

In consideration for being permitted to participate in the yoga class, workshop, training, event, or activity, I agree that I, my heirs, assignees, guardians, and legal representatives will not make any claim against, sue or attach the property of, any hosts, instructors, organizers, or participants in the yoga class, workshop, training, event, or activity including but not limited to Chad Satlow, Barrington Yogawerks, Inc., for injury or damage resulting from my participation in such yoga class, workshop, training, event, or activity. I release all such hosts, instructors, organizers, participants, their agents and heirs, from any and all actions, causes of action, lawsuits, claims or demands that I, my assignees, heirs, guardians, and legal representatives now have associated with my participation in the yoga class, workshop, training, event, or activity.

I have carefully read this agreement and fully understand its contents. I have signed this release freely and voluntarily. I am aware and agree that it is a complete release of liability for any injuries or damages I may sustain due to yoga class, workshop, training, event, or activity with Chad Satlow and any representative of Barrington Yogawerks, Inc.

Signature

Signing For (child's name)

Date

Please Print your name