

**Boxborough Council on Aging Exercise Program
 Winter 2021-2022 Registration Form
 Yoga with Rebecca: Chair or Mat Stretch & Flex**

Yoga with Rebecca is offered through the Council on Aging from Thursday 12/2/21 to Thursday 3/3/22. *Participants are encouraged to take classes at the Community Center, but a Zoom option will be available. Bring your own mat.* No class on 12/23/21 or 12/30/21. If class must be canceled, the instructor or COA will notify participants as soon as possible. Unless otherwise discussed, the session will be extended to make up for canceled classes.

Registration begins on 11/9 for Boxborough residents. Beginning 11/19 non-residents may register if space is available. Classes are for people age 60 and above. In order to hold a class, a minimum of 6 Boxborough residents must register for the session.

Class Schedule

- Chair Yoga: Thursday 9:30 AM to 10:30 AM
- Mat Stretch & Flex Yoga: Thursday 11:00 AM to -11:45 AM

A waitlist will be maintained on a first-come, first-serve basis if classes reach maximum limits. Participants must register for the full session and pay prior to the first class. Must pay for Full Session even if you have a planned absence. No Pro-Rated Fees.

Class Times and Fees (Select one or more)

Chair Yoga, Thursdays 9:30-10:30AM \$48 _____

Mat Stretch & Flex Yoga, Thursdays 11:00-11:45AM \$36 _____

**Checks payable to Town of Boxborough and returned to Boxborough COA, 29 Middle Rd, Boxborough, MA 01719
 COA Contact: Cindy Regan, 978-264-1730 or cregan@boxborough-ma.gov**

Please provide the following information to complete your registration

Name:		Birthdate:
Address:		
Phone number:	Email address:	

Emergency Contact Information

Name:	Phone number:
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Please complete the waiver on the reverse side



Town of Boxborough
RELEASE FROM LIABILITY INDEMNITY
AND HOLD HARMLESS AGREEMENT (required)

I, _____ in consideration of my participation in **Council on Aging Exercise Programs** do for RELEASE, acquit, discharge and covenant to hold harmless the Town of Boxborough ("Town"), a municipal corporation of the Commonwealth of Massachusetts, and its successors, departments, officers, employees, servants, attorneys and agents, of and from any and all actions, cause of action, claims, demands, damages, costs, loss of services, expenses and compensation on account of or in any way arising out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have or may acquire, resulting or to result from said participation in the aforementioned activities. Furthermore, I hereby agree to protect the Town and its successors, departments, officers, employees, servants, attorneys and agents from any injury to any party in connection with said participation in the aforementioned activities and to INDEMNIFY, reimburse or make good to the Town or its successors, departments, officers, employees, servants and agency any loss or damage or costs, including attorneys' fees, which the Town or its representatives may have to pay if any litigation arises from said participation in the aforementioned activities

Signature: _____ Date: _____
Write or Type your name above

Emergency Authorization (required)

Medical authorization & physical condition identification:

I authorize whatever medical care may be necessary in the event of an emergency. I acknowledge that insurance is not provided by the Town of Boxborough, the Council on Aging, its staff or volunteers for this program. I accept the responsibility for payment of any medical expense.

Signature: _____ Date: _____
Write or Type your name above

Optional Photo Release

I, _____, hereby authorize the Town of Boxborough's Council on Aging to publish photographs taken during programs. I acknowledge that since participation in publications and the town website produced by the Town of Boxborough is voluntary, I will not receive financial compensation. I further agree that participation in any publications and website produced by the Town confers no rights of ownership whatsoever.

Signature: _____ Date: _____
Write or Type your name above

Please return your completed registration form and payment to
Council on Aging, 29 Middle Road, Boxborough, MA 01719