

Boxborough Council on Aging Exercise Program
Winter 2026 Yoga with Megan Registration Form
Mat Yoga

Registration for **Winter 2026 Mat Yoga with Megan** begins on Tuesday, December 16 for Boxborough residents. Non-residents may register if space is available beginning Thursday, December 30. 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.

The Winter Session will run from **Tuesday, January 6** through **Tuesday, March 24** for 12 classes. Mat Yoga is on Tuesdays at 11:30 AM at the Boxborough Community Center.

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.

If class must be canceled due to weather or instructor illness, the instructor or the COA will notify registered participants as soon as possible. There may or may not be accommodations for classes missed due to cancellations.

Class Times and Fees

Mat Yoga, 12 Tuesdays, January 6 – March 24, 2026 at 11:30 AM – 12:15 PM: \$48 _____

Please make checks payable to Town of Boxborough.

Bring cash or check to the COA office on the second floor of Town Hall
or send it to Boxborough COA, 29 Middle Rd, Boxborough, MA 01719

COA Contacts: Ami Scheen 978-264-1730 or ascheen@boxborough-ma.gov or
Kim Dee 978-264-1717 or kdee@boxborough-ma.gov

Please provide the following information to complete your registration

Name:	Birthdate:
Street Address, Town, Zip Code:	
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**, I 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. ***If I am signing up for a virtual exercise class, I am responsible for monitoring myself to take breaks and modify exercises at needed.***

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**

Checks payable to Town of Boxborough
Return forms to: Council on Aging, 29 Middle Road, Boxborough, MA 01719