



# Yoga for Older Adults! Bruderheim Seniors Centre

You are invited to join the Yoga for Older Adults program in Bruderheim. If you would like to try some beginners yoga, meditation, and relaxation, this program is for YOU!!

## Who is doing it?

The program will be facilitated by Jada Doyle. Jada started practicing yoga consistently about 8 years ago, and is now a Registered Yoga Teacher (RYT) with multiple teacher trainings.

## Type of Yoga?

Jada will teach beginners yoga/chair yoga and will facilitate the program according to skill level, preference and interest. She will adjust the program as needed, and can add other things in, such as meditation, if the interest is there.

## When & Where?

The program is 8 sessions long and will be held Tuesday mornings from 10-11 am starting on October 25th, 2022 at the Bruderheim Seniors Citizens Centre.

## What to Bring?

Bring a mat and water bottle, and participants should always come dressed comfortably!

## How to Sign Up?

Return your signed form to the Bruderheim Seniors Citizens Centre at 5001 Queen Street, or email forms to Michelle at [michelle.a@lamontcounty.ca](mailto:michelle.a@lamontcounty.ca). Or you can call Michelle at 780-895-2233 Ext 223 for more information. Minimum registrants 8, maximum 15.

## Price & Payment:

Cost is \$70 for 8 sessions. Payment can be made by cheque to: Lamont County, or cash is always an option. Michelle will be at the first session, so payment can be made then or mailed to Lamont County, 5303-50 Ave, Lamont, AB T0B 2R0. Please don't mail cash.



Sponsored by:  
FCSS Lamont  
County Region &  
Bruderheim Senior  
Citizens Club



FCSS Lamont County Region Contact Information:

Michelle Andriashyk  
[michelle.a@lamontcounty.ca](mailto:michelle.a@lamontcounty.ca)

(780) 895-2233 ext. 223  
Fax: (780) 895-7404



## Registration Form: Yoga for Older Adults Fall 2022

Participant's Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone Numbers: (h): \_\_\_\_\_ (Cell): \_\_\_\_\_

Address: \_\_\_\_\_

Health Care # (in case of emergency): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Payment \$70 for 8 sessions:  Cash  Cheque

### LIABILITY AND PERSONAL INFORMATION WAIVER

The personal information provided will be used to register yourself in a community program or activity and is collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, please contact the Lamont County FOIP Coordinator.

I hereby  **authorize**  **do not authorize (check one)** the Lamont County to use photographs taken of the aforementioned individual(s) while attending or participating in community services programs and activities (scheduled or unscheduled) sanctioned by the County.

Photographs may be used to promote the County's programs or used in or as part of publications, advertisements, newsletters and displays intended for the general public. Parents and media may also have the opportunity to take pictures; any of these photos taken during public events cannot be controlled. No other use of these photographs will be allowed.

Under Section 38 of the *Freedom of Information and Protection of Privacy Act*, Municipalities must protect the personal information it collects by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or destruction. Also, Municipalities must comply with Sections 39 and 40 when using and disclosing personal information.

I, \_\_\_\_\_, have informed myself of any and all risks that could take place due to my participation with the program and hereby release Lamont County or Agency, its employees, instructors, agents and volunteers from any claim for loss, injury or damage to person or property either directly or indirectly, from the attendance, including participation in any activity scheduled or unscheduled, including travel to and from any location for myself. I acknowledge having read and understood this release and accept the terms therein, as pertains to the Yoga for Older Adults program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_