

# PELHAM PARKS AND RECREATION

6 Village Green, Pelham, NH 03076

Phone: 603-635-2721

Email: [Recreation@pelhamweb.com](mailto:Recreation@pelhamweb.com)

Fax: 603-508-3094

## Gentle Yoga Classes

### CHECK SESSION:

Session I [  ] Session II [  ] Session III [  ] Session IV [  ] Session V [  ] Session VI [  ] Session VII [  ]

Name: \_\_\_\_\_ DOB (required): \_\_\_\_\_

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

Street

City

State

Zip

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Allergies or medical issues: \_\_\_\_\_

Any other information the instructors should have: \_\_\_\_\_

In case of emergency please contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Town/State: \_\_\_\_\_ Phone: \_\_\_\_\_

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### RELEASE OF LIABILITY

I assume all the risks normally incidental to the nature of the above activity, including risks, which are not specifically foreseeable. I will follow the rules and regulations provided by the instructors. I, the undersigned, hereby agree to release, indemnify, save, and hold the Town of Pelham, employees, agents, representatives, coaches and volunteers from all liability, actions, causes of actions, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with participating in the above activities. The activity will take place at Hobbs Community Center; subject to change if required by the center.

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Date

Signature of participant

See reverse side for calendar and fees. We will update our website in the event of class cancellations.

Checks made payable to the Town of Pelham. Register online at [www.pelhamnh.recdesk.com](http://www.pelhamnh.recdesk.com).