



2-for-1 Summer 2011 Schedule

May 31 – June 27 / July 5 – August 1 / August 2 – August 29

** Change to the Schedule – Sharon Will Be Teaching August 1 – August 13 **

Class Day	Time of Class	Name of Class Visit the Website for Class Descriptions	Teacher	Registering for it? Please Check	
				Session II 7/5 – 8/1	Session III 8/2 – 8/29
Sunday	11:00 am – 12:30	Hatha Yoga Fundamentals	Dee & Manny	<input type="checkbox"/>	<input type="checkbox"/>
	3:00 – 4:30 pm	Intermediate Hatha Yoga	Shannon & Keko	<input type="checkbox"/>	<input type="checkbox"/>
Monday	10:00 – 11:30 am	**Mixed Level Anusara Yoga**	Sharon	<input type="checkbox"/>	**<input type="checkbox"/>**
	6:00 – 7:30 pm	Beginners Hatha Yoga	Dee & Manny	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	9:30 – 10:45 am	Mixed Level Joyful Vinyasa	Keko	<input type="checkbox"/>	<input type="checkbox"/>
	6:30 – 8:00 pm	Mixed Level Hatha Yoga	Anita	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	9:30 – 11:00 am	Gentle Morning Yoga	Dee	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	7:30 – 8:45 am	NEW! Warm Vinyasa Flow NEW!	Natasha	<input type="checkbox"/>	<input type="checkbox"/>
	9:30 – 10:45 am	Continuing Beginner's Hatha	Mary	<input type="checkbox"/>	<input type="checkbox"/>
	6:00 – 7:15 pm	Creative Yoga	Keko	<input type="checkbox"/>	<input type="checkbox"/>
Friday	9:00 – 10:30 am	Qigong	Dainis	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	9:30 – 11:00 am	**Intermediate Anusara Yoga**	Sharon	<input type="checkbox"/>	**<input type="checkbox"/>**

Registering Student Information	(Please fill out even if you have registered at Inner Reaches previously)	Today's Date
Name _____	Date of Birth _____	
Street Address _____	E-mail _____	
City _____ State _____ Zip _____		
Home Phone () _____	Cell Phone () _____	

2nd Student Information	2-for-1 Summer – Bring a Friend for Free*	Today's Date
Name _____	Date of Birth _____	
Street Address _____	E-mail _____	
City _____ State _____ Zip _____		
Home Phone () _____	Cell Phone () _____	

Number of Classes	Indicate Amount Enclosed	Fee Per Person	Senior 15% Discount
4-Class Pass	\$ _____	\$76.00	\$65.00
8-Class Pass	\$ _____	\$144.00	\$122.00
12-Class Pass	\$ _____	\$204.00	\$173.00
You can create your own combination! Want 16 classes? Add \$76 and \$204 for a total of \$280			Indicate Amount Paid \$ _____
Drop-In Rate for Summer - \$20 per Class - Please feel free to drop in to any class!			

To make up a missed class, attend any other class that suits your schedule within the Summer session. Pro-rated fees will apply to students who register after a session begins. Drop-In Fee Per Class - \$20.00 Credit Cards accepted online at www.innerreaches.com .	Discounts cannot be combined Class size is limited to 20 students. We will accept new students into classes on a first come, first served basis. See InnerReaches.com for our make-up policy. *See Website for 2-for-1 Policies – 2nd Student <u>must</u> be NEW to Inner Reaches.
Teachers Please Fill In: Check No. _____ Date Received _____ Amount \$ _____	Checks can be made out to " Inner Reaches " and mailed to: Inner Reaches 257 Market Street West Gaithersburg, Maryland 20878

Release and Waiver of Liability – In any physical activity, risk of serious physical injury is possible. Yoga is no substitute for medical diagnosis and treatment. Yoga practice and/or specific poses are not recommended for individuals with certain conditions (e.g., cardiac illness, later stages of pregnancy, post-surgery). The student assumes the risk of Yoga practice and releases the teacher(s) and Inner Reaches Yoga & Health from any liability claims.

I, _____, am participating in Yoga classes, or workshops, at Inner Reaches Yoga & Health. I am aware of the physical risks involved with strenuous exercise and understand it is my personal responsibility to consult with my Doctor regarding my participation. I have no medical condition, which would prevent me from taking part in Yoga classes or workshops, and I assume responsibility for any risk or injury I may sustain as a result of my participation. I have read the above release and waiver of liability and understand its contents. I agree to the terms and conditions above.

Signature _____ Date _____