

Please Scroll Down for Registration Form

WELLNESS Workshop

Saturday, November 16, 2024
at 10:00AM-2:00PM

Our Lady of Mercy
Lower Chapel Meeting Room
500 So. Oyster Bay Road, Hicksville NY

Art work by Andrea Attivissimo

"On the day I cried out, you answered, you strengthened my spirit."

Psalm 138:3 NABRE



Saturday, November 16, 2024

at 10:00AM-2:00PM

Our Lady of Mercy

Lower Chapel Meeting Room

WELLNESS Workshop

All ability levels are welcomed. Chair class offered.
Bring a mat, towel and water bottle



YOGA TOGETHER

YOGAFAITH

Andrea is a NASM certified Personal Trainer, Master Yoga instructor and Artist specializing in healing wounded hearts through mindful meditation, creativity and functional awareness all with a trauma sensitive approach. For over 30 years she has passionately served the community in the fitness and wellness industry.

Registered with over 800 hours teaching with YogaFaith as an Ambassador (YF-A), Master Trainer (R-YFMT), Trauma Sensitive (R-TSYF), 12 Step/Recovery (R-YF12S) instructor and Christian Yoga Association Master Trainer (R-CYAMT) and a certified Aromatherapy Specialist (CAS).



[YouandMeYogaTogether.com /](http://YouandMeYogaTogether.com/)
YouandMeYogaTogether@gmail.com

Our Divine God communicates with us through the language of the natural world. Through sight and smell we envision a renewed sense of self. As we explore beauty and peace let's hit the pause button and commune with our Creator.

Come for a guided immersion in nature as we utilize our senses while creating, sitting, praying, engaging with scripture, and deepening our relationship with God through organic movements.

Refreshments will be served.

All ability levels are welcomed. Chair class offered. Bring a mat, 2 towels, blocks and water bottle.

Please register for this retreat by filling out form attached to this email.

Cost is \$95.00, payable by cash, check or Zelle

Our Lady of Mercy
Lower Chapel Meeting Room
500 So. Oyster Bay Road, Hicksville NY

Art work by Andrea Attivissimo



You And Me Yoga Together 2024 WAIVER FORM

Please sign once a year for my records. * Indicates required question

First and Last Name _____

*

Email address _____

*

Would you like to receive You and Me Yoga Together emails sent from me?

*

Yes

No

Already receiving it

Do you have any Medical Restrictions?

*

Yes

No

If yes, has a doctor given you permission to participate in Physical Exercise? (if your doctor has Not released you please only sit and observe)

*

Yes

No

Please fill out this form and save to your desktop.

You can print it and bring it to class or email it to

youandmeyogatogether@gmail.com

Payment is accepted by cash, check or Zelle to trainer5592@gmail.com

I hereby consent as a participant in yoga and agree to assume all of the risks involved. I understand that Andrea Attivissimo does not provide medical insurance relative to accidents, injuries, and/or death as a result of program related activities; and that I can not hold Andrea Attivissimo or affiliated instructors responsible for any liability. I recognize that any form of physical activity is a potentially hazardous one; and that they involve a risk of possible injury or even death. I hereby affirm that I am voluntarily participating in these activities with the knowledge of the risk involved. I agree to expressly assume and accept any and all risks of injury and/or death. I hereby affirm myself to be physically sound and suffering from no condition, ailment, impairment, disease, or other illness that would prevent my participation in Yoga activities. I declare that I have disclosed any and all medical history to Andrea Attivissimo and/or their affiliates relevant to participation.

To agree to the above please sign here:

*

By selecting you understand the above and assume all risk.

Email to:

YouAndMeYogaTogether@gmail.com

YouandMeYogaTogether.com