

Qigong Fusion

Classes Mondays 5:00 pm – 5:45 pm



Qigong Fusion

This practice is an eclectic blend of QiGong Flows and principles of dance.

It is a mindful meditation with flowing movements utilizing effortless Qi variations with alignment and centering influenced by dance.

Soft meditative music is used to enhance peacefulness, restorative energy, and focus which supports wellness and natural healing of the body.

**Teacher: Nina C. Reisman, M.A., R-DMT, CTAA, Psychomotor Movement Therapist
Professional Dancer/Choreographer**

CLASS SIZE IS LIMITED AND PRE-REGISTRATION IS REQUIRED.

Registration can be done online: waynetownship.com/health/activites or by submitting the registration form below to Wayne Health Department, 475 Valley Road, Wayne, NJ 07470, with a check payable to the "Wayne Township".

Note: No refunds will be given. Call (973) 694-1800 x 3281 for more information.

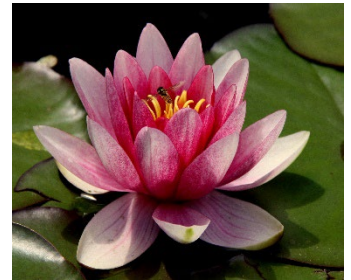
Class Schedule Fall 2023

DATE: Sept. 11, 18, 25, Oct. 2, 16, 23, 30, Nov. 6, 13, 20, 27, & Dec. 4

TIME: 5:00 pm to 5:45 pm

PLACE: Wayne Health Department, Room #2 (475 Valley Road, Wayne)

FEE: \$36 for 12 classes



PLEASE DETACH THE FORM BELOW

RELEASE OF RESPONSIBILITY FOR PARTICIPATION in Wayne Township's Qigong Classes:

I, _____, have no known physical disability that would inhibit my participation in Wayne Township's Qigong classes. I am not presently under the care of any medical doctor, osteopath, chiropractor, or any other health care provider. I agree to indemnify and hold harmless the Township of Wayne, its agents, servants, and/ or employees from any and all claims for personal injuries and property damage arising from my participation in Wayne Township's Qigong classes.

I understand Wayne Township and the Instructor have the right to request a doctor's note in order to participate in this class. I understand that no registration will be accepted without payment and that no refunds will be given. I understand I must be at least 18 years old to register for this class.

Participant's Name: (please print) _____ Date of Birth: _____

Participant's Signature: _____ Date: _____

Daytime Phone: _____ Evening Phone: _____

E-mail address (REQUIRED): _____

Address: _____