

## Welcome!

We are an online and local community of kind people who are interested in Feeling Great, Moving with Ease, Aging with Grace and Integrating Strategies for Overcoming the various Obstacles of Physical Wellbeing!

Classes focus on Therapeutic Exercises within a Holistic Understanding of Biomechanics. (Biomechanics = Living Anatomy + Physiology)

These classes are specifically designed to Support your Development of Awareness as you Navigate your own Set of Abilities and Limitations.

### Classes and Schedule

Online Classes: (9:00am)	Mondays	Yoga and Slow Stretch	90 minutes
	Tuesdays	Strengthen and Stretch	60 minutes
	Thursdays	ELDOA	60 minutes
On Zoom	Fridays	Strengthen and Stretch	60 minutes

### Fees (for 4 week session)

1-2/week	\$80 plus hst
2-3/week	\$120 plus hst
3-4/week	\$150 plus hit

Online Classes include access to the Video Archive/Library

Missed classes can be made up anytime during same 4 week session

4 week blocks rolling forward (2024) are:

- April 29th - May 24th
- May 27th - June 21st
- June 24th - July 19th
- July 22nd - August 19th

Then a 2 week break and classes will resume on Sept. 3rd

## *Each class is different!*

Every class is a unique experience.  
You will learn, you will grow, you will develop deeper awareness, you will change,  
you will feel different. I encourage you to come to as many classes as you can!

Each class has consistencies that build on a foundation of principles  
to serve where you are at.

With Claire you will learn simple strategies for how to be, use, and move in your body.  
Develop functional patterns of recruitment to activate your core, move from your  
centre, integrate your breath, move your body strategically and with awareness of your  
many moving parts.

## *It is my goal to:*

Teach you exercises that serve you during the good times ...and the rough.  
Guide your Awareness to develop so that you may understand more of the  
complexities of your present experience.  
Empower your sense of Influence and Navigation .... Your Choices Matter!

*Cultivate Strength, Balance, Mobility, Space and Breath*

613-332-7103

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PLEASE READ THE FOLLOWING STATEMENT AS YOUR AGREEMENT WITH IT IS  
FOUNDATIONAL TO YOUR PARTICIPATION IN CLASSES:

Awareness is fundamental to all therapeutic exercises. All exercise programs involve a risk of injury. By choosing to participate in these Generative Balance classes, I voluntarily assume a certain risk of injury. I do not have (or have disclosed all and) any physical conditions or disability that would limit my participation or preclude an exercise program. In signing this form I agree to treat my body with respect and compassion during all classes. I agree to only do movements that feel good and to modify my practice to meet the needs of my body on any given day. I will work in a way that ensures no harm or injury. I will ask for clarification when I don't understand something.

## Generative Balance Class Health Intake Form

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Home / Cell Phone: \_\_\_\_\_ Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Emergency Contact (name, #) \_\_\_\_\_

Do you have experience/familiarity with: yoga \_\_\_ pilates \_\_\_ dance \_\_\_ martial arts \_\_\_

What are your goals/expectations with these classes? What benefits are you looking for? \_\_\_

Strengthening \_\_\_ Flexibility \_\_\_ Balance \_\_\_ Stress relief \_\_\_ Increase well-being \_\_\_ Improve fitness \_\_\_ Injury rehabilitation \_\_\_ Other Health goal: \_\_\_\_\_

How do you rate your current level of activity? Sedentary/Very inactive \_\_\_  
Somewhat Inactive \_\_\_ Average \_\_\_ Somewhat Active \_\_\_ Extremely Active \_\_\_

On a scale of 1 (low) to 10 (high), How would you rate your level of stress? 1 2 3 4 5 6 7 8 9 10

Is there anything that you cannot/do not do now that you would like to be able to do?  
\_\_\_\_\_

Review this list & check those conditions that have affected your health either recently:

broken/dislocated bones \_\_\_ muscle strain/sprain \_\_\_ arthritis \_\_\_ bursitis \_\_\_ disc problems  
\_\_\_ back problems \_\_\_ scoliosis \_\_\_ osteoporosis \_\_\_ numbness, tingling anywhere \_\_\_  
surgery \_\_\_ spinal fusion \_\_\_ prosthetic joint(s) \_\_\_ Currently Pregnant? (EDD \_\_\_\_\_)

\_\_\_\_\_ Par Q completed? Y \_\_\_ N \_\_\_

**PLEASE READ THE FOLLOWING INFORMATION AND SIGN BELOW TO INDICATE YOUR AGREEMENT:** Awareness is fundamental to all therapeutic exercises. All exercise programs involve a risk of injury. By choosing to participate in these online Generative Balance classes, I voluntarily assume a certain risk of injury. I do not have any physical conditions or disability that would limit my participation or preclude an exercise program. In signing this form I agree to treat my body with respect and compassion during all classes. I agree to be guided from within and modify my practice to meet the needs of my body on any given day. I will work in a way that ensures no harm or injury. I will ask for clarification when I don't understand something.

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