



Raymond Capoeira 101

An Afro-Brazilian sport for everyone
A program for ages 10 & up.



The Brazilian sport of Capoeira (cap-oh-WEAR-ah) is a combination of martial arts, acrobatics and dance and is rapidly becoming a popular past-time for children and adults worldwide. When two people face-off in Capoeira, it is considered a “game” not a fight, and the “players” exchange a number of kicks, cartwheels, flips, handstands, dodges, and turns while other students set the pace by creating rhythms and songs using African instruments. The goal of the game (or “jogo”) is to have fun with the moves and catch the opponent off-guard.

Capoeira 101 is a non-stop class in a lighthearted environment. All fighting is strictly non-contact. Children, adults and families are encouraged to train together as size and age do not affect the sport. The goal for this course is to improve endurance, reflexes, self-awareness, flexibility and strength, and to introduce people to Capoeira, a great activity for all ages that can be practiced with friends most anywhere.

Developed in the 16th century by African slaves in Brazil, Capoeira is a symbol of the triumph of spirit over adversity. Students will also learn many words in Portuguese, and will have a chance to play traditional Afro-Brazilian Capoeira music. The instructor of this course is Tim Johnson. This class is held in room 210 of the Raymond High School on Tuesday evenings from 6:30 to 8:00 pm from September 22 through October 20.

Please wear loose, comfortable clothing and bring water. The fee for this 5-week program is \$45. Additional family members receive a \$5 discount. Non-residents pay an additional \$5.00.

For more information check out the class website: <http://raymondcapo.weebly.com/>

----- **Capoeira 101** -----

Participant's Name _____ Phone _____

Address _____ Date of Birth _____
Street City State Zip

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration of the permission granted to the participant named above to participate in the above named program, I/we SHALL RELEASE, WAIVE DISCHARGE AND COVENANT NOT TO SUE the Town of Raymond, Recreation Department, their agent and employees from all liability for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the named participant except in the case of gross or willful wanton negligence of the Town of Raymond, Recreation Department its agents and employee or otherwise while the named participant participates in the above named program.

I/we further agree to indemnify the Town of Raymond, Recreation Department, their agents and employees from any and all liability, loss or damage including but not limited to bodily injury, illness, death or property damage which the Town of Raymond, Recreation Department, their agents and employees become legally obligated to pay including reasonable attorneys' fees and costs, as a result of claims, demands, costs or judgments, against the Town of Raymond, Recreation Department, their agents and employees on account of injury to the person or property or resulting in the death of the named participant except in the case of gross or willful wanton negligence of the Town of Raymond, Recreation Department, their agents or employees and whether or not such liability is sole, joint or several.

I/we am aware that participation in this program may present a strain on my body, or its parts and therefore I represent to the Town of Raymond, Recreation Department that to the best of my knowledge, I am in a proper physical condition to participate and that I/we assume the risk of participating.

I/we understand that the above program involves traveling to various activity sites. I/we will accept full responsibility for transportation to and from these activities and I/we release, indemnify and hold harmless and persons providing such transportation.

If it is impossible to contact me and it is an emergency, I/we hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for my safety.

I/we, the undersigned, have read this release and understand all its terms. I/we execute it voluntarily and with full knowledge of its significance. I/we have executed this release on this date indicated next to my/our names.

Signature of Participant _____
Date