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| * Journeys Center of Wellbeing LLC |  | |
| * 37 South Main |  | |
| * Sheridan, Wyoming 82801 | |  |

* **Food and Spirit- Nourish your Whole Self Course**
* Orientation 12p.m. January 18th at Journeys Center of Wellbeing LLC
* **Jan 18th- March 11th 2016**
* **Mondays and Wednesdays 12-1 p.m.**
* **INSTRUCTORS:**
* **Georgia Boley and Michele Fritz**
* **Phone: 307-675-1865**
* **E-Mail – See Group Facebook**
* **DESCRIPTION:**
* Are you looking for more than just the basics of nutrients when it comes to your everyday meal?

Would you like to learn how yoga deepens your inner peace, connection to self and others, and brings balance?

* Food & Spirit™ takes nutrition into the realm of “complete” nourishment through the Seven Systems of Health.
* Join our programs and experience a full-spectrum approach to your whole self!
* **EXPECTED OUTCOMES:**
* Upon completion of this course, you will be able to:
* Identify Chakras
* Understand your emotional triggers for eating
* Understand how what you eat impacts your unique mental and physical needs
* Develop strategies for improved weight management.
* Confidently choose and prepare foods that benefit your unique needs
* Identify what nutrition supplements might benefit you.
* Apply unique techniques to help improve your health.
* Identify the chakras location in the body and how each chakra relates to a physical, emotion or mental aspect of the self.
* Incorporate yoga movements and postures into your daily routine.
* Use yoga postures to balance the energy systems in your body.
* Incorporate breathing techniques and meditations to balance chakra systems
* **TEXT/MATERIALS/PREREQUISITES:**
* INCLUDED IN REGISTRATION FEE- Food and Spirit Nourish Your Whole Self Workbook, Food and Spirit Whole Self Questionnaire, and the Food and Spirit Intake Form.
* A Facebook account
* Register and pay in full before January 15th 2016
* (not required but highly advised) Have basic knowledge of computers (file management skills, word processing skills, and Internet navigation skills).
* (not required but highly advised)- Baseline labs drawn within last 2 months (LDL, HDL, Triglycerides, and Fasting Blood Sugar, CRP)
* Accurate body weight scale and body tape measure
* **DISCLAIMER:**
* **This course is not intended as a replacement or alternative to medical advice from your doctor. If you have any specific questions about any medical matter, you should consult your doctor. If you think you may be suffering from any medical condition, you should seek immediate medical attention. You should never delay seeking medical advice, disregard medical advice or discontinue medical treatment because of information in this course. Individuals with high blood pressure should first consult with their personal physician before making any of the lifestyle changes suggested in this course.**
* **MASSAGE:**
* You receive 50% off **one** 30-minute **massage from Shantel** during the course (expires March 1th). When you book your massage, indicate that you are in the Food and Spirit Course for the discount. See enclosed business card for appointment booking information.
* INSURANCE REIMBURSEMENT:
* If you have Blue Cross/Blue Shield, Cigna, Aetna, EBMS, Medicare, or United Health Insurance, this class may be partially reimbursable through insurance. Please let Georgia know if you would like a ‘Superbill’ for insurance claims or if you would like her to file a claim on your behalf.

**TENTATIVE WEEKLY MEETING SCHEDULE**

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| * **Week** | * **Topic** | * **Days** | * **Activity** | * **What to Bring** |
| * 18 January | * Orientation | * Monday | * **Orientation** | * Whole Self Questionnaire- Completed |
|  |  | * Wednesday | * **Yoga** | * \*Your Mat/Yoga Clothes, Water |
| * 25 January | * The Root | * Monday | * **Yoga** | * Your Mat/Yoga Clothes, Water |
|  |  | * Wednesday | * **Food and Spirit-** | * The Root Workbook Section Completed |
| * 1st February | * The Flow | * Monday | * **Yoga** | * Your Mat/Yoga Clothes, Water |
|  |  | * Wednesday | * **Food and Spirit-** | * The Flow Workbook Section Completed |
| * 8th February | * The Fire | * Monday | * **Yoga** | * Your Mat/Yoga Clothes, Water |
|  |  | * Wednesday | * **Food and Spirit-** | * The Fire Workbook Section Completed |
| * 15th February | * The Love | * Monday | * **Yoga** | * Your Mat/Yoga Clothes, Water |
|  |  | * Wednesday | * **Food and Spirit-** | * The Love Workbook Section Completed |
| * 22nd February | * The Truth | * Monday | * **Yoga** | * Your Mat/Yoga Clothes, Water |
|  |  | * Wednesday | * **Food and Spirit-** | * The Truth Workbook Section Completed |
| * 29th February | * The Insight | * Monday | * **Yoga** | * Your Mat/Yoga Clothes, Water |
|  |  | * Wednesday | * **Food and Spirit-** | * The Insight Workbook Section Completed |
| * 29th February | * The Insight | * Monday | * **Yoga** | * Your Mat/Yoga Clothes, Water |
|  |  | * Wednesday | * **Food and Spirit-** | * The Insight Workbook section Completed |

* \*The Kula Space has mats you can use during class and all other props will for your yoga practice will be available at the studio.
* Please Read, Sign and Return:

**Purpose and explanation of Service**

I understand that the purpose of this course is to enhance my understanding of blood pressure self-care that may or may not improve my blood pressure.

**Confidentiality and Use of information**

I understand that the information obtained while participating in this class will be kept confidential and privileged and will consequently not be released or revealed to any person without my express written consent.

**Waiver of Liability**

I hereby unconditionally release, hold harmless and indemnify Tailored Nutrition LLC, Kula Space, and all of its affiliates, and all other persons who may be directly or indirectly liable, from all claims of legal or financial liability of any kind, including but not limited to, illness, death, serious bodily injury or property damage, related to or resulting from any activity engaged in by me, whether foreseeable or unforeseeable, including those resulting from negligence or fault, without regard to any hazards which may exist, whether hidden or obvious.

**Incentive Plan**

If I should not fulfill the incentive plan requirements as specified, I understand I will not receive any financial return.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_