

TAI CHI CLASS REGISTRATION

Tai Chi Class Code: _____ Class Starting Date: _____

Are you interested in becoming a certified Yee Tai Chi instructor in the future? Yes No Maybe

First Name: _____ Last Name: _____ Telephone: (____) _____

Date of Birth: _____ Gender: _____ Email: _____

Address: _____

Physical Limitations: _____

Please provide at least one person name & telephone number to contact in case of emergency:

PAYMENT INFORMATION:

- Total Amount: \$ _____
- Payment Method: Card (Last four digits _____) Check Other: _____

DROP OFF AND REFUND POLICY:

- I understand that I may try the class on the first day and drop off the class by submitting a request in writing in 48 hours after the trial to receive a full refund and that it may take up to one week to receive the refund and that a late request will result in no refund. _____ (Initials)
- I understand that the class size is limited and three or more absences will result in loss of my position. _____ (Initials)

For Repeating Payment: I sign up for the monthly program and authorize the class organizer to charge my credit card automatically at the beginning of each month for the \$ _____ monthly fee. I understand that to cancel my attendance, a written request of cancellation is required in advance of 30 days. _____ (Initials)

By signing my name below, I certify the information I provided on and in connection with this form is true and correct to the best of my knowledge. My signature also certifies my understanding of and agreement with the above policies. A photocopy of this document is as valid as the original.

>> _____ >> _____ >> _____
Participant's Name (PLEASE PRINT) Participant's or Responsible Party's Signature Date

If signed by Responsible Party, please provide below information:

>> _____ >> _____ >> _____
Responsible Party's Name (PLEASE PRINT) Relationship to Participant Witness

INFORMED CONSENT AND LIABILITY WAIVER

I hereby affirm that I am entering a course of instruction in physical fitness training. By enrolling in the course, seminar, and/or workshop I certify that I am cognizant of all of the inherent dangers of physical fitness, and the basic safety rules for activities connected herewith. I understand and agree that neither the course, seminar, and/or workshop nor the organizers, operators, agents, or instructors, including but not limited to Summit Tai Ji Academy, may be held liable in any way for occurrences in connection with my physical fitness and performance, which may result in injury, death or damages to me or my family, heirs or assignees. I further acknowledge and forever release Summit Tai Ji Academy and/or its partners, in connection directly or indirectly with my physical fitness, training and therapy as a result of my own negligence, which may result in injury, death, or damages to me or my family, heirs or assignees. _____ (Initials)

In consideration of being allowed to attend the course, seminar, and/or workshop I hereby personally assume all risks connected with the activities I participate in, and I further release the instructor(s), program, organizers, agents and operators, including but not limited to the persons mentioned for any injury or damage which may be incurred by me while I am enrolled in the fitness or performance course, seminar, and/or workshop, including all risks connected therewith, whether foreseen or unforeseen; and further to save and hold harmless the program and persons from any claim by me, or my family, estate, heirs, or assignees, arising out of my enrollment and participation in all classes. _____ (Initials)

I further state that I am of lawful age and legally competent to sign this aforementioned release; that I understand that the terms herein are contractual and not a mere recital; and that I have signed this document as my own free act. I have fully informed myself of the contents of the aforementioned and release by reading it before I sign, I have been advised to submit, at my own expense and time, to a medical examination to ensure myself, and assume my own responsibility of physical fitness and capability to perform under normal conditions of the fitness and exercise program, and am physically fit as tested by a medical examination. _____ (Initials)

I understand that Summit Tai Ji Academy and/or its partners who organize and operate the course, seminar and/or workshop may take photographs and/or videos of such events including my presence and performance and I acknowledge and permit Summit Tai Ji Academy and/or its partners to utilize such material for education, promotions and marketing and other business purposes. I understand that a photocopy of this document is as valid as the original. _____ (Initials)

IN WITNESS WHEREOF, I have executed the aforementioned and release at

_____ (Place / City, State, Country)

>> _____ >> _____ >> _____
Participant's Name (PLEASE PRINT) Participant's or Responsible Party's Signature Date

If signed by Responsible Party, please provide below information:

>> _____ >> _____ >> _____
Responsible Party's Name (PLEASE PRINT) Relationship to Participant Witness

