

Taijiquan Class Consent and Waiver

Name: _____

Address: _____

City

State

Zip

Phone: (____) _____

Email Address (if you want to be added to my mailing list: _____

Your address will not be shared with anyone else.

I understand and agree that there are risks, foreseeable and unpredictable, associated with any exercise or education program. I am aware of these risks and agree that my participation is at my own risk. I hereby agree that I assume and have any responsibility or liability for expenses or medical treatment or for compensation for any injury I may suffer during or resulting from my participation in this taijiquan class. I do hereby, for myself, my heirs, executors and administrators, waive, release, and forever discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in this or any future taijiquan classes conducted by Stan Rockwell.

I understand that this Participant Release Form has important legal consequences and limits my ability to recover money if I am injured as a result of my participation in this program.

I also represent and warrant that I have been advised to seek consultation from my doctor about whether I can safely participate in this program and whether there are precautions or limitations to my participation.

I understand and agree that a goal of this class is to provide a safe program environment, free from disruption or harassment. To this end, the instructor reserves the right to deny admission of those individuals whose behavior is disruptive, or who harass other program members or staff.

Print Name: _____

Sign Name: _____

Date: _____

Emergency Contact Name: _____ Phone: _____