



CANADIAN TAI CHI ACADEMY

Unit 203B, 1220 Stellar Drive
Newmarket, Ontario L3Y 7B9
289-366-9956

REGISTRATION FORM: North Bay, Ontario

PLEASE PRINT CLEARLY IN BLOCK

PLEASE PRINT CLEARLY IN BLOCK LETTERS

Name: (Mr. / Ms.) _____

Age range (circle one): under 30; 31-45; 46-59; 60 and over

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Other Phone: _____

E-mail Address: _____

What would you like to get out of practicing tai chi? (circle all that apply)

Relieve Stress

Improve Health

Improve Energy

Other, please specify: _____

How did you hear about us? (circle one)

Health Care Professional

Internet / Web

Friend

Newspaper

Other, please specify: _____

PLEASE ADVISE YOUR INSTRUCTOR OF ANY SIGNIFICANT MEDICAL CONDITIONS

Voluntary Release and Waiver

In consideration for being permitted by *Canadian Tai Chi Academy* to participate in the **Academy's Activities**, I _____ (print name), for myself, my spouse, heirs, legal representatives and assigns, hereby assume all risks for such involvement, and release and discharge the *Canadian Tai Chi Academy*, its affiliates, agents, officers, and employees, from all liability, claims, demands, actions and causes of action whatsoever, whether known or unknown, arising out of or relating to any loss or damage that may occur either directly or indirectly from my participation in such activity.

I enter into this VOLUNTARY RELEASE & WAIVER willingly and with full knowledge and understanding that by my signature below, I am expressly releasing the *Canadian Tai Chi Academy* from any liability arising from instruction or use of facilities and equipment while engaging in the Academy's activities.

Member Signature _____ Date _____

Signature of Parent or Legal Guardian Required if Student Is Less Than 18 Years of Age

Please make cheque payable to:
Canadian Tai Chi Academy