



# CANADIAN TAI CHI ACADEMY

Unit 203B, 1220 Stellar Drive  
Newmarket, Ontario L3Y 7B9

## REGISTRATION FORM: Nipissing District, Ontario

Name: (Mr. / Ms.) \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Relieve Stress

Improve Health

Improve Energy

Other, please specify: \_\_\_\_\_

**PLEASE ADVISE YOUR INSTRUCTOR OF ANY SIGNIFICANT MEDICAL CONDITIONS**

How did you hear about us?: \_\_\_\_\_

### Voluntary Release & 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.

**Signature\*** \_\_\_\_\_ **Date** \_\_\_\_\_

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

### Canada's Anti-Spam Legislation (CASL) Consent

The undersigned consents to receiving by e-mail or other form of electronic contact the Canadian Tai Chi Academy's (the "**Academy**") publications, event invitations, announcements and other commercial electronic messages ("**CEMs**"). The undersigned understands that this consent to receiving the Academy's CEMs may be withdrawn at any time by e-mail at [[support@canadiantaichiacademy.org](mailto:support@canadiantaichiacademy.org)].

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please make cheque payable to:  
**Canadian Tai Chi Academy**

PLEASE PRINT CLEARLY IN BLOCK LETTERS