

**Tai Chi for Arthritis and Fall Prevention Program
Registration Form**

Participant Name: _____

Address: _____

Telephone: _____

Email: _____

Emergency Contact: _____

Relationship: (i.e. friend, sister) _____

Emergency Contact Telephone: _____

Program Guidelines: Tai Chi for Arthritis and Fall prevention classes are conducted by certified Tai Chi for Health Institute instructors and are open to any person, provided they are medically fit, independently mobile and can participate without assistance in the class. Any person with any doubt whether they are medically fit to attend the class is required to have medical clearance from their doctor prior to commencing. The physical exertion required for participation in this the tai chi program would be similar to walking. Classes usually last for forty-five minutes to one hour. Participants are encouraged to rest as needed and to work within their own comfort zone and abilities at all times. Participants are required to do a gentle warm-up exercise at the beginning of class and cool-down exercise at the end.

Acknowledgement of Personal Responsibility & Wavier: I have read the Program Guidelines and understand that there is an inherent risk in any exercise activities. I agree to abide by the rules set out by my instructor. In consideration for admission to this class, I hereby: (a) accept full responsibility for and assume the risk of any injuries sustained because of my participation in this class or practice of tai chi; (b) release and hold harmless the insert agency, its respective employees and directors, the instructor(s) and all personnel in association with the class for any liabilities, injuries and expenses which may arise as a result of participation in this class, practice or lessons involving tai chi. I know of no medical reasons why I should not participate in this class. I understand that if I do have any medical reasons to not participate in this class, it is my responsibility to obtain a clearance from my doctor prior to starting.

Participant Signature: _____ **Date:** _____

(by typing your name in this blank you agree . . .)