

Enrollment Form – Tai Chi for Health Improvement

Name: _____

Address: _____

Telephone: Home _____ Cell _____

Email: _____

Contact person in case of emergency: _____

Contact's phone numbers _____

I have read the Tai Chi For Health Improvement Program Guidelines below, I understand that there is an inherent risk in any exercise activities and I agree to abide by the rules set out in the Program Guidelines. I have no contraindication to participating in this workshop or class. I understand if I think that I might have any medical contraindication to participating in this workshop or class then it is my responsibility to obtain a clearance from my doctor before commencing. I hereby (a) accept full responsibility for and assume the risk of any injuries sustained because of my participation in this class or the practice of tai chi; (b) release and hold harmless Temple Shalom, its personnel, officers and the instructors for any liabilities, injuries and expenses resulting from participation in this class or the practice of tai chi.

Signature: _____ Date: _____

Program Guidelines

- Workshop or class open to any suitable person provided they are medically fit and can independently dress, are independently mobile, and can participate without assistance in the class.
- Classes usually last for one hour. Participants are encouraged to have a rest in between if needed and to work within their own comfort zone.
- Participants are required to do a gentle warm-up exercise before they start and cooling down exercise afterward. The level of exertion in this program would be similar to walking.
- Any participant who has any doubt whether they are medically fit to attend the workshop or class are required to have a medical clearance from their doctor prior to commencing.