

Personal Information:

Name: _____ DOB: ___ / ___ / ___

Address: _____

City: _____ State: _____

Phone (cell): _____ Phone (home): _____

Email Address: _____

Emergency Contact: _____

Emergency Contact Phone (cell preferred): _____

Relationship to Contact: _____

Liability Waiver:

I, the undersigned, being aware of my own health and physical conditions and limitations, and, additionally, having full knowledge that my participation in any exercise program may be injurious to my health, am voluntarily and at my own risk participating in Tai Chi class taught by Adrian VanKeuren or one of her designated representatives.

Having such knowledge, I hereby acknowledge and release Adrian VanKeuren, and any representatives, agents, and successors of Adrian VanKeuren, as well as any location where the activity is held, from liability for injury or illness which I may incur as a result of participating in the said physical activity. I hereby assume all risks connected therewith and voluntarily consent to participate in said program.

I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in said physical activity. I acknowledge that if I currently am under the care of a physician or other health care provider that I have consulted said caregiver(s) and have been given their consent to participate in Tai Chi class taught by Adrian VanKeuren and/or her representatives.

I acknowledge that I have read this entire document and have had the opportunity to ask questions and request clarification.

Signature: _____ Date: ___ / ___ / ___