

Tai Chi for Health
Many Infinities AlaQuest Wellness

Class Date(s): _____

Class Locations: Aldridge Gardens, Hoover, AL

Participant to complete:

Name: _____

Address: _____

Phone: _____

E-Mail: _____

Contact Person in case of an emergency: _____ Phone: _____

Program Guidelines:

Classes are conducted by a certified instructor and are open to any person provided they are medically fit, are independently mobile and can participate without assistance in the class. Any participant who has any doubt whether they are medically fit to attend the class, is required to have a medical clearance from their doctor prior to commencing. In terms of physical exertion, the tai chi exercise in this program would be similar to walking.

It is the responsibility of the participant to tell the instructor if there are any medical conditions that may affect you while doing tai chi. The instructor will review the principles for safety during each tai chi session.

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 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/Waiver:

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.

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, Many Infinities, AlaQuest Wellness, Aldridge Gardens, its respective officers, directors and shareholders, the instructors and all personnel in association with this class for any liabilities, injuries and expenses which may arise as a result of participation in this class or 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 why I should not participate in this class, it is my responsibility to obtain a clearance from my doctor before commencing.

Signature: _____

Date: _____

For Instructor's Use Only:

Notes:

Signature: _____

Date: _____