



Daily Tai-Chi and 15 Minutes to Health

Registration Form

Class: Monday lunch time – 12:15 to 1:15pm

Session: _____

Location: Emmanuel United Church, 22 Bridgeport Road West, Waterloo

Instructor: Patricia Béretta

Name of Participant: _____

Address: _____

Phone: _____ Email: _____

Fees: (cheque to Patricia Béretta, or cash, thank you)

	Amount (HST included)	Choice	Amount Paid	Date payment	Payment method
Whole session (10 classes)	\$120	<input type="checkbox"/>			
Half Session Flex Pack (5 classes any time during this session – not transferable to another session)	\$70	<input type="checkbox"/>			
Walk-in	\$17	<input type="checkbox"/>			
Dates of walk-in attendance:					

Disclaimer

All forms of exercise and wellness programs involve some element of risk of accident, being injured, injuring others, or damage to equipment/facility. The chance of an issue or accident occurring can be reduced by carefully following instructions at all times, and by not engaging in or stopping any move that causes any discomfort.

I understand the above mentioned risk.

I have checked with my doctor and he/she sees no concern about my participation in Tai-Chi, gentle exercising and gentle stretching classes. Otherwise I fully take responsibility for my choice to participate in this class and consent to everything written in this form. I have confidentially informed the instructor about health conditions she may need to know about (e.g. heart / circulation /blood pressure issue, risk of hypoglycaemia as in diabetes, vertigo / balance issue, pain, tumour, joint issue, recent surgery, pregnancy etc).

I understand that open communication with the instructor is welcome and appreciated, and that I may change or stop the course of an exercise I am doing at any time.

By my consenting to participate in this wellness program, *I myself, my heirs, executors, administrators, successors and assigns, do hereby release and forever discharge, waive and save harmless, protect and keep indemnified The Emmanuel United Church, all of their respective agents, employees and representatives, and the instructor from and against any and all kinds of actions, claims, costs, expenses and demands in respect of death, injury, ill effect, loss or damage, to my person or property however caused arising out of my attending at or in anyway take part prior to, during or subsequent to this program as a participant.*

I have been informed about the charges that apply.

This disclaimer is signed before the first class I am attending begins. It applies to the entire program.

Signature: _____ Date: _____