Hiromi T'ai Chi

Registration and Release Form

Name: ____

Address: ____

City: ____________________________ ***State:*** _________ ***Zip:*** __________________

Phone (day): ____________________ ***Phone (night):*** ________________________

E-mail: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Birth Date: __________________________
(Optional)

Class (es) you wish to take: ____

Reason for taking this class: ____

____

Any injuries or conditions: ____

____

How did you know about the class? ____

I understand that my instructor will create a safe environment to learn T'ai Chi Ch'uan and Ch'i Kung and related Internal Martial Arts. I also understand that there is risk of injury in all martial arts training, and I agree to be solely responsible for my actions during and in connection with this class.

I hereby release, indemnify and hold harmless Hiromi T'ai Chi and its instructor, and the classroom facility from any and all claims, demands, costs, charges, and expenses for harm, injury, damage or loss that might be sustained by me as a result of or relating to participation in this class.

____________________________________ ____________________________
Signature ***Date***

All classes are **12-week session** class.

- -

HTC Use Only ***Registered:*** ____/____/____ ***Amount:*** _________ ***Paid:*** ____/____ /____