CHARLOTTESVILLE T'AI CHI CENTER

International Cheng Ming Martial Arts Association, East Coast

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 Charlottesville T'ai Chi Center 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***

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

___6 class card ___12 class card ___ 24 class card ___36 class card

___ 3 Initial drop-in ___ Drop-in ___ Private lesson