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***

If you are planning to take Zoom classes, please indicate you have read the waiver located on the CTCC website when you make a payment.

- -

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

___ 6 class card ___ 12 class card ___ 24 class card ___ 36 class card

___ 3 Initial drop-in ___ 2 Free week ___ Drop-in ___ Private lesson

Zoom classes: ___ once/week ___ unlimited ___Combo ___CTCC Plus __ Intro class