

RELEASE/WAIVER FORM

Classes with Certified Instructors (Tai Chi Vermont, Inc.)

ACKNOWLEDGEMENT OF PERSONAL RESPONSIBILITY/CONSENT

- I understand that Tai Chi is a gentle exercise which may enhance my physical fitness and improve my condition. I confirm that my physical condition is fit to safely participate in this class.
- In consideration for admission to this training (a) I hereby accept full responsibility for and assume the risk of any injuries sustained because of my participation in this class or practice or lessons involving Tai Chi and (b) I hereby release and hold harmless the class instructor(s) for any liabilities, injuries and expenses which may arise as a result of participation in this class or practice or lessons involving Tai Chi.
- Relative to Covid-19 and its variants, I also accept full responsibility for my own health and the decisions I make about attending in-person classes/practices. I will assess my own health, weather conditions, and news about the virus's spread before attending a session and accept any risks that may occur because of my own participation. If I am not vaccinated I WILL wear a mask. I will also wear a mask if I have a compromised immune system or a cold. I agree to comply with any mask directives the state or local authorities or our class location put in place.

Signature of Participant _____

Print Full Name _____

Complete Home address (include town and zip code)

Best phone number to reach you _____

Print current preferred email address _____

Emergency contact: Name _____

Phone _____

- Please initial the following statement if you agree: I consent to the use of any photographs or videos taken of me, as well as any feedback or written comments by me in connection with this Tai Chi training, for publicity, promotion, demonstration or other business purposes, in any medium, including the internet, and I waive any right to compensation in connection with such use.
