

Registration Form
Traditional T'ai Chi Health Preservation Foundation, INC
 传统太极中医养生基金会

Last Name	First Name	Gender & Age	Name in Chinese 中文名字
Home Phone	Cell Phone	Email Address	
Occupation:		Health Condition:	
Address :			
How did you hear about us?	1. Web _____ 2. References _____ 4. Other _____		
Previous Martial Arts Experiences	Style of Practice	Form	How long have you practiced
Please choose and make circle:	1. Apprenticeship		2. Contributing Member
	3. None Contributing Member		4. None Member
Your signature			Date

By signing above, I accept the terms and conditions set by Traditional T'ai Chi Health Preservation Foundation, INC. I understand that T'ai Chi is a form of physical exercise. I will be held accountable for my own injuries if I fail to take caution and listen to the instructor. I will assess and consult with my doctor/physician prior to determine if my health condition is suitable for T'ai Chi.

Traditional T'ai Chi Health Preservation Foundation

General Health Survey

	Yes	No
1. Has your doctor ever said you have heart trouble?		
2. Have you ever had pains in your chest?		
3. Do you sometimes feel faint or have spells of dizziness?		
4. Has your doctor ever said your blood pressure is high? If yes, what is your blood pressure? _____ / _____		
5. Has your doctor say you may have bone or joint problems such as arthritis that has been aggravated by exercise or may be made worse with exercise?		
6. Have you been in hospitalized in the last 3 years?		
7. Are you currently taking any medication that may result in lower and/or higher blood pressure, dizziness or any significant side effects? If Yes, which medications? _____		
8. Are you Pre/Post Natal?		
9. Do you suffer from asthma or breathing difficulties?		
10. Have you suffered from diabetes or epilepsy?		
11. Do you suffer from any allergy?		
12. Other Notable Conditions? _____		

If you have answered yes to one or more of the questions above or are in any doubt, please consult your doctor before increasing your current physical activity and ask your doctor if T'ai Chi is suitable for your present physical condition.

Declaration of Acceptance to T'ai Chi Training

1. I accept that no class can offer a complete guarantee of safety and that there is a risk involved to T'ai Chi training.
2. If I am injured I will notify the instructor immediately.
3. I will at all times conduct myself with due regard to the health and safety of myself and others.
4. I will obey all lawful instruction given to me by the Instructors.
5. I accept if I act in any intentionally negligent way then I may be removed from the class.
6. I will bring the Instructors attention to anything that I feel is a risk to any person. I expect such information to be treated with due regard to privacy and in a confidential manner.

Signature of Member: _____

Date: _____

Signature of Instructor: _____

Date: _____

Traditional T'ai Chi Health Preservation Foundation, INC

Consent From for Media Release

I grant permission to Traditional T'ai Chi Health Preservation Foundation and Traditional Chinese Medicine of New York, to use my name and/or photographs for use in the publications such as recruiting brochures, newsletters, and magazines, and to use my name/and or photographs on display boards, to use my name and/or photographs in electronic versions of the same publications or on the website or other electronic forms or media.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I hereby agree to release, defend, and hold harmless Traditional T'ai Chi Health Preservation Foundation and subordinates, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

Please check the paragraph below which is applicable to your situation:

_____ I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____ I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

By providing my signature below, I hereby agree and accept the terms and condition set Traditional T'ai Chi Health Preservation Foundation and Traditional Medicine of New York:

Print Name: _____

Signature & Date _____