

# Tai Chi Tuesday Waiver Form

## SECTION I: PARTICIPANT'S PERSONAL INFORMATION

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*ZIP Code: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ (Cell preferred) \*E-mail: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ \*Emergency Contact Phone: \_\_\_\_\_

## SECTION II: RISK ASSESSMENT

Heart Disease	YES NO	
Shortness of Breath or Chest Pain	YES NO	Inhaler? YES NO (if "yes", please bring it to every class)
High Blood Pressure	YES NO	Levels: _____
High Cholesterol Level	YES NO	
Significant Bone/Joint/Muscle Pain	YES NO	Location: _____
Back Pain	YES NO	
Abnormal Resting EKG	YES NO	
Diabetes	YES NO	Insulin Dependent? YES NO

Any other? Please explain: \_\_\_\_\_

Are you active? YES NO  
 Activity or Exercise: \_\_\_\_\_

## SECTION III: AGREEMENT

1. In consideration of participating in the Tai Chi Tuesday ("**Activity**"), I agree and acknowledge that I am fully aware that participation in the Activity involves risks and I accept all the risks of participating.
2. "**Claims**" includes but is not limited to any and all liabilities, claims, demands, legal actions, rights of actions for damages, personal injury or death in connection with participation in the Activity. "**Released Party**" means The First Congregational Church of Western Springs and its agents, including, but not limited to, the Tai Chi facilitator and his/her assistant(s) for the Activity.
3. I agree and acknowledge that:
  - a) I am in proper physical condition to participate in the Activity, and am aware that participation could, in some circumstances, result in physical injury.
  - b) I understand my physical limitations and am sufficiently self-aware to stop physical activity before I become ill or injured.
4. I hereby, for myself and for my heirs, next of kin, executors, administrators and assigns, fully release, waive and forever discharge any and all rights or Claims I may have, now or in the future, against any Released Party. I further release any recourses which I may now or hereafter have resulting from any decision of any Released Party.
5. I agree not to sue any Released Party for Claims.
6. I am aware that there is no obligation for any person to provide me with medical care during the Activity. I understand and acknowledge that:
  - a) there may be no aid stations available for the Activity, and
  - b) if medical care is rendered to me, I consent to that care if I am unable to give my consent for any reason at the time the care is rendered.

BY SIGNING BELOW, Participant accepts and agrees to the terms and provisions contained in this agreement.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent Signature (if under 18)