

THE SPIRAL CHI CENTER

The Art of T'ai Chi



T'ai Chi Class Registration Form

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Work Phone _____ Home Phone _____

Email _____

Emergency Contact _____ Relation to You _____

Emergency Contact -- Cell Phone _____ EC Work Phone _____

Have you practiced t'ai chi before? yes no

If yes when? From _____ to _____

Style _____ Teacher/School _____

Why do you wish to practice T'ai Chi?

What other types of physical activities do you currently participate in on a regular basis?

Please list any injuries or conditions that we should be aware of or may limit your t'ai chi practice (arthritis, back/neck pain, knee / shoulder / other joint issues, high/low blood pressure, dizziness, scoliosis, surgeries, etc.):

Where did you find out about The Spiral Chi Center?

**Note: Please read and sign the waivers on the back side of this document.*

www.SpiralChiCenter.com

210 Collingwood Rd, Suite 100 Ann Arbor MI 48103 734.678.9508

Liability Waiver
Please read and sign below.

Awareness is fundamental to the practice of t'ai chi, and I am fully aware that some of the t'ai chi activities may be difficult for me and that it is my responsibility to monitor each activity and determine whether it is appropriate for me to participate.

I acknowledge that it is also my responsibility to consult with a physician regarding any injury or condition that may affect my participation in this program. I agree not to hold Greg Knollmeyer or The Ypsilanti Senior/Community Center liable for any injury or damages related to the participation of the t'ai chi class.

Signed _____ Date _____

Privacy Waiver
Please read and sign below.

I understand that occasionally photographs or video will be taken during Spiral Chi Center events and that I may be visible in these photographs and video. I understand that these photographs and video that may include my image and voice may be used for promotional, commercial, and instructional purposes by Greg Knollmeyer or the Spiral Chi Center.

I waive and release all privacy rights and claim for compensation of any kind for any use of the above mentioned media captured at Spiral Chi Center classes or events. I also transfer to Greg Knollmeyer and the Spiral Chi Center all intellectual property or performance rights in the video and photographs captured at Spiral Chi Center events.

Signed _____ Date _____

**Note: Signing the Liability Waiver is necessary in order to attend classes at the Spiral Chi Center. However, signing the Privacy waiver is not. It is actually pretty rare that we take photos or videos in class. The primary use for these is background for instruction or a class flyer. If you do not sign the privacy waiver, please remind me if we ever record anything while you're in class and we'll make sure you're not in the shot so that we can use the captured media.*

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