



美國道家太極拳社

TAOIST TAI CHI SOCIETY OF THE UNITED STATES OF AMERICA, Inc.

2100 Thomasville Rd. • Tallahassee, Florida 32308 • Phone: 850/224-5438 • Fax: 850/383-1353

E-mail: usa@taoist.org • www.taoist.org

A Charitable Organization

WORKSHOP REGISTRATION FORM

Workshop name \_\_\_\_\_

Date of workshop: \_\_\_\_\_

Your name  Mr.  Ms. \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_

Telephone Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail \_\_\_\_\_

Branch/Location City/State: \_\_\_\_\_ Instructor name: \_\_\_\_\_

In an emergency Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Arrival Arrival date: \_\_\_\_\_  By air Flight: \_\_\_\_\_

Arrival transport required  By car Airline: \_\_\_\_\_

Other ETA: \_\_\_\_\_

**You will be picked up OUTSIDE the airport terminal.  
Please help us find you by wearing a visible Tai Chi logo.**

Accommodations  Center

Billet

Arranging own accommodation in hotel or other

Special needs \_\_\_\_\_

Departure Departure date: \_\_\_\_\_ Flight: \_\_\_\_\_

Airline: \_\_\_\_\_

Departure transport required ETD: \_\_\_\_\_

Consent

I am aware that taijiquan, Lok Hup Ba Fa, Hsing-I, Meditation, Foundation & stretching exercises and other similar activities and/or instruction (hereinafter collectively called the "activities and/or instruction") offered or imparted by the Taoist Tai Chi Society of the United States of America ("the National Society") involves physical activity with the potential for risk of injury, and I am voluntarily participating in the activities and/or instruction and hereby agree to accept any and all risk of injury or damage to my person involved in the activities and/or instruction.

In consideration of my voluntary attendance and participation in the activities, instruction and programs of the National Society and use of the exercises, facilities and equipment therein, I hereby forever release and discharge the National Society, its respective directors, officers, employees, instructors, agents and representatives from any and all claims, demands, damages, rights of action, or causes of action, suits in equity of whatever kind or nature, present or future, whether the same be known or unknown, resulting from or arising out of my participation in the activities and/or instruction or my use or intended use of the National Society's exercises, facilities and equipment thereof, including any claims resulting from or arising out of the negligence of the National Society, and its respective directors, officers, employees, instructors, agents or representatives, and/or the negligence of any other persons present on the premises of the National Society, whether they be members or non-members.

I agree that in no event shall the National Society, its respective directors, officers, employees, instructors, agents and representatives be liable for injury, death or damage to my person arising from or contributing to any physical impairment or defect that I may have, whether latent or patent, resulting from or arising out of my participation in the activities and/or instruction offered by the National Society or my use or intended use of said exercises, facilities and equipment thereof.

I furthermore agree that the National Society is under no obligation to provide me with a physical examination or other evidence of my fitness, the same being my sole responsibility, that I take personal responsibility for acting upon any adverse signs and symptoms, and it is my duty to withdraw from the activities and/or instruction if any physical impairment or condition renders me unable to participate.

Furthermore, I understand that the National Society may not have medical or liability insurance to cover me in the event of injury, accident, illness or death, property loss or other such occurrence in connection with the activity and/or instruction on the premises of the National Society.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A GENERAL RELEASE AND WAIVER OF LIABILITY BETWEEN MYSELF AND THE NATIONAL SOCIETY, AND ITS RESPECTIVE DIRECTORS, OFFICERS, EMPLOYEES, INSTRUCTORS, AGENTS AND REPRESENTATIVES, AND I SIGN VOLUNTARILY OF MY OWN FREE WILL.

Signature \_\_\_\_\_

Date: \_\_\_\_\_