



Workshop Registration/Waiver Form

October 21-22, 2023 Cochrane, Alberta

CTCA Members

Name: (Mr. / Ms.) _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: (____) _____ - _____ Other Phone: (____) _____ - _____

E-mail Address: _____

Age range: under 30; 31 – 45; 46 – 59; 60 and over

PLEASE ADVISE YOUR INSTRUCTOR OF ANY SIGNIFICANT MEDICAL CONDITIONS

Voluntary Release and Waiver

In consideration for being permitted by *Canadian Tai Chi Academy* to participate in **Academy Activities**, I _____ (print name), for myself, my spouse, heirs, legal representatives and assigns, hereby assume all risks for such involvement, and release and discharge the *Canadian Tai Chi Academy*, its affiliates, agents, officers, and employees, from all liability, claims, demands, actions and causes of action whatsoever, whether known or unknown, arising out of or relating to any loss or damage that may occur either directly or indirectly from my participation in such activity.

I enter into this VOLUNTARY RELEASE & WAIVER willingly and with full knowledge and understanding that by my signature below, I am expressly releasing the *Canadian Tai Chi Academy* from any liability in use of facilities and equipment or engaging in the Academy's activities.

Member Signature _____ **Date** _____

(yyyy-mm-dd)

Signature of Parent or Legal Guardian Required if Student Is Less Than 18 Years of Age

Please make cheque payable to

CANADIAN TAI CHI ACADEMY

Unit 203B, 1220 Stellar Drive, Newmarket, Ontario L3Y 7B9

info@canadiantaichiacademy.org

PLEASE PRINT CLEARLY IN BLOCK LETTERS

Office Use Only

Location

- Alberta
- B.C.
- Manitoba
- New Brunswick
- Newfoundland
- Nova Scotia
- NWT
- Nunavut
- Ontario
- P.E.I.
- Quebec
- Saskatchewan
- Yukon

Registration

CHECK LIST

PAID \$ _____

- Cash / Chq
- GIVEN CARD
- INPUTTED