CTCA Innisfail – Red Deer 2026
David De Belle Tai Chi Workshop Registration Form

Royal Canadian Legion Branch #104
108 49 Avenue #1, Innisfail, AB T4G 1R1

February 6th & February 7th, 2026

Name:_____

Address: _____

Province: _____ Postal Code: _____ Email:_____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name: _____ Best Phone Number: _____

CTCA member: ☐ CTCA location: _____

Non - member: ☐ Organization: _____

I will be attending: ☐ February 6th, 2026 - $50.00 (Non-Members - $75.00)
I will be attending: ☐ February 7th, 2026 - $50.00 (Non-Members - $75.00)

Option Feb 6th Dinner $20 ☐

Dietary restrictions (Coffee, Tea, Water, Snacks, Lunches and Friday Supper provided):

Gluten Free ☐ Vegetarian ☐ Other ☐ (please identify below):

_____

Do you require Billeting? Yes ☐ please identify nights required below:

Thursday Night ☐ Friday Night ☐ Saturday Night ☐

Pre – Registration is required by January 23, 2026:

- **E-mail:** Complete this form and email to innisfail@canadiantaichiacademy.org; send etransfer to innisrd@canadiantaichiacademy.org .
- **Register in Person**: Bring completed form with cheque or cash to any Tai Chi session in Innisfail or Red Deer.

Please note that you will only be considered registered once both registration form and payment have been received. You will receive a confirmation email upon receipt of both.

Check - In at the door Friday February 6th, 2026 - 9:00 -9:30 am

Please complete the release on the back

Voluntary Release and Waiver

I, _____ (print name), in consideration of my participation in activities of the Canadian Tai Chi Academy, hereby assume all risks for such involvement, for myself, my spouse, heirs, legal representation and assigns. I release and discharge the Canadian Tai Chi Academy, its affiliates, agents, officers and employees, form 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 the voluntary release ad 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 arising from instruction or use of facilities and equipment, while engaging in the Academy's activities.

Participant Signature: _____ Date: _____

Photo Release

The Canadian Tai Chi Academy has my permission to use my photograph publicly. I understand my photo may be used in print form, on websites, in newsletters, on social media and in emails. I also understand that no royalty or fee will be paid for the use of my photo.

Participant Signature: _____ Date: _____