

Canadian Tai Chi Academy

Unit 203B, 1220 Stellar Drive
Newmarket, Ontario, L3Y 7B9
289-366-9956



Play Tai Chi Workshop – Church of St. Judes (London, ON)

February 8, 2025

Name: _____

Email: _____

Location: _____

Phone: _____

Lunch: Each person responsible for their own meal.

Workshop Fee: \$35 CTCA Member \$45 Non-Member

Consent to Appear in Promotional Material

I consent to appear in promotional material that will educate people about activities of the Canadian Tai Chi Academy and its locations, which raises public awareness about the health benefits of Tai Chi. I understand that I will be portrayed as a participant in an activity of the Canadian Tai Chi Academy but none of my personal and/or medical information will be revealed. I may withdraw this consent at any time without any impact on my membership with the Canadian Tai Chi Academy. I understand that this promotional material will be posted on the Canadian Tai Chi Academy’s website and social media pages, which is open to the public. The material will be shown in locations where classes are taught and may be shown at public presentations that our instructors do from time to time.

Initials: _____ Yes. I have read the above and agree to appear in this material. No. I decline.

Voluntary Release and Waiver (Signature of Parent or Legal Guardian Required if Student Is Less Than 18 Years of Age)

In consideration for being permitted by Canadian Tai Chi Academy to participate in the Academy’s 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 arising from instruction or use of facilities and equipment while engaging in the Academy’s activities.

Participant Signature _____

Date _____

Emergency Contact

Name: _____ Phone: _____

Relationship: _____ Email: _____

Send Completed Forms:

Scan/Email: workshop@LondonTaiChi.ca

Fax: 844-205-6944

Mail: CTCA – London Location
37 Beaconsfield Ave
LONDON, Ontario, N6C 1B6