



Canadian Tai Chi Academy

Innisfail – Red Deer, Alberta

Tai Chi Workshop

February 8, 2025

10 am – 3pm

Location:

Innisfail United Church

472- 49 Avenue, Innisfail, AB

\$30 per person

Coffee, Tea and Lunch provided

Please complete the attached registration form and follow the included instructions to register for the workshop.

Please note any dietary restrictions or medical concerns on the form.

If you have any questions please send email to:

innisfail@canadiantaichiacademy.org

You will be required to remove your outside shoes – PLEASE bring Inside Shoes.

CTCA Innisfail - Red Deer

新年快樂



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Registration Form
Workshop - Saturday February 8th, 2025
10:00 am to 3:00 pm
United Church - 4720-48 Ave., Innisfail, AB

Name: _____

Province: _____ Postal Code: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name: _____ Best Phone Number: _____

I am a CTCA member: CTCA location: _____

I will be attending: February 8th, 2025 - \$30.00

Dietary restrictions (lunch and snacks provided):

Medical Concerns (if any):

(Masks may be required!)

Pre - Register by email no later than January 31, 2025:

Complete this form and email to innisfail@canadiantaichiacademy.org. For payment, please bring cash or cheque (payable to "Canadian Tai Chi Academy-Innisfail") with you and pay when you register/sign-in at the door.

Registration/Sign In – Doors open at 9:30am - Cash or Cheque **We do not have etransfer.**

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, 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 the voluntary release and 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.

Signature: _____

Date: _____