



Wu's Tai Chi Chuan Academy - Ann Arbor, LLC

Informed Consent and Waiver/Release of Liability

PERSONAL INFORMATION:

Name _____
 Street Address _____
 City, State, Zip _____
 Home Phone _____ Cell Phone _____
 Email _____ Date of Birth _____

EMERGENCY CONTACT

Name _____
 Relationship _____ Phone _____

MEDICAL INFORMATION: Please list any pain, injury, or physical limitation that instructors should be aware of:

Informed Consent and Waiver/Release of Liability:

I desire to voluntarily participate in a physical exercise program given by Wu's Tai Chi Chuan Academy-Ann Arbor, LLC (the Academy). This may be in-person or online. I understand that physical exercise can be strenuous and subject to risk of serious injury; I assume all associated risks. I release and discharge from any and all liability the Academy and its instructors for any injury, damage, disability, harm, unusual symptoms or illness resulting from participation in any activities or classes or following any activities or classes. I hold the Academy and its instructors harmless from any and all liabilities or claims made by other individuals or entities as a result of or relating to my participation.

I take full responsibility for my own health and safety and will modify or cease participation if I experience any pain or strain. If I have pre-existing conditions or injuries, develop or sustain a condition or injury from activities or classes, or otherwise deem it necessary, I will consult with a physician before participating in this or any other physical exercise.

I understand that Wu's Tai Chi Chuan Academy-Ann Arbor, LLC takes photographs and videos for use in training and promotional materials, and that these are the property of the Academy. I give permission to have my photographs and/or videos taken, and used, in connection with publicity and related promotional purposes, without monetary or other compensation.

Check Here if you DO NOT give permission for the use of your photographs or videos.

As a condition of being allowed to participate in physical exercise, activities and classes at Wu's Tai Chi Chuan Academy - Ann Arbor, LLC, or by its instructors at offsite locations, I freely and voluntarily sign this Informed Consent and Waiver/Release of Liability.

 Signature

 Date

Return Form via Email, Mail, or In-Person.

111 S. Wallace Boulevard., Ypsilanti, MI 48197 Email: info@wustyle-annarbor.com