

Participant Information Sheet

Today's Date: _____ Referred by: _____

Name: _____ DOB: _____

Home/Cell Phone: _____ Work Phone: _____

Address: _____

Apt: _____ City: _____ Zip: _____

Email: _____

Please check all ways you learned about North Austin T'ai Chi:

Friend _____ Website _____ Yelp: _____ Other: _____

What are you looking to gain from studying T'ai Chi:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Self-Defense | <input type="checkbox"/> Weight Control | <input type="checkbox"/> Physical Fitness | <input type="checkbox"/> Stress Relief |
| <input type="checkbox"/> Self-Confidence | <input type="checkbox"/> Self-Control | <input type="checkbox"/> Self-Discipline | <input type="checkbox"/> Socializing – Fun |
| <input type="checkbox"/> Relieve Pain | <input type="checkbox"/> Develop Grace | <input type="checkbox"/> For More Energy | <input type="checkbox"/> Improve Posture |
| <input type="checkbox"/> Self Improvement | <input type="checkbox"/> Improve Balance | <input type="checkbox"/> Improve Coordination | <input type="checkbox"/> Personal Development |
| <input type="checkbox"/> Other: | | | |

What do you know about T'ai Chi?

List any health conditions you have that might affect your ability to participate in a T'ai Chi class.

If you have a health condition, have you consulted your doctor about taking T'ai Chi? Yes / No

Emergency Contact & Number: _____

Please Read Carefully Before Signing

- **I assume full responsibility for my own actions and following instructions given by the instructor.**
- I fully realize any physical limitations I may have for participating in class and assume all risks associated with such participation. It is my sole responsibility to be familiar with the physical and/or mental demands associated with a class I attend.
- I have no physical or medical condition which, to my knowledge, would endanger myself or others if I participate in a class.
- I will abide by established rules and regulations while in class and understand that inappropriate behavior on my part affecting the instructor or other participants may be just cause for denying my class attendance.
- I understand and agree that situations may arise during a class that may be beyond the control of the instructor or participants.
- I forever release William Kade Green personally and doing business as North Austin T'ai Chi for any injury I may incur while participating in or attending a North Austin T'ai Chi class.
- I have carefully read this form and fully understand its contents.
- I am aware this is a release of liability and an agreement between myself and William Kade Green for the benefit of myself and others described herein and I sign this form of my own free will.

Signature: _____ Date: _____