



(Private Class)
Tai Chi Registration & Waiver
Will Power Wellness & Consulting, LLC
TheWillPowerWellness.com

Participant's Name: _____ Class Location: _____

Address: _____

Telephone (____) _____ Email: _____

Emergency Contact: _____ Phone (____) _____

Program Guidelines

Classes are conducted by certified instructors and are open to any suitable person, provided they are medically fit, are independently mobile and can participate without assistance in the class. Any participant who has any doubt whether they are medically fit to attend the class, is required to have a medical clearance from their doctor prior to commencing (or upon request). In terms of physical exertion, the tai chi exercise in this program would be similar to walking.

Private classes are booked as a "4-week Tai Chi bundle" with one class scheduled per week. Class sessions are 1-on-1, unless otherwise agreed upon. There is no minimum purchase/attendance, and bundles may be purchased through our website (*TheWillPowerWellness.com*). The class schedule is then agreed upon by instructor and participant, and classes begin the first week of each month. Once scheduled, each bundle will afford one (1) opportunity to request a re-schedule (*which must be made at least 4 hours prior to the scheduled class session*). There will be no refund offered for cancelled/missed classes (unless the instructor is at fault for cancellation/missed class).

Classes last approximately 45 minutes (unless otherwise agreed upon). Participants are required to do a gentle warm-up exercise at the beginning of class and cool-down exercise at the end. Participants are encouraged to take rest, when needed, and to work within their own comfort zone at all times.

Both pages of this waiver must be signed and returned (in-person or via email- *Damon @TheWillPowerWellness.com*) before scheduling the first class.

Participant's Signature _____ Date _____
(Or parent/guardian, if Participant is under the age of 18 years old)



Acknowledgement of Personal Responsibility/Waiver

I have read the Program Guidelines and understand that there is an inherent risk in any exercise activities. I agree to abide by the rules set out.

In consideration for admission to this class, I hereby:

- (a) accept full responsibility for, and assume the risk of any injuries sustained because of, my participation in this class or practice of tai chi;
- (b) release and hold harmless Will Power Wellness & Consulting, LLC, its respective officers, directors and shareholders, the instructors and all personnel in association with this class for any liabilities, injuries and expenses which may arise as a result of participation in this class or practice or lessons involving tai chi.

I know of no medical reasons why I should not participate in this class. I understand that, if I do have any medical reasons why I should not participate, it is my responsibility to obtain a clearance from my doctor before commencing.

Participant's Signature _____ Date _____
(Or parent/guardian, if Participant is under the age of 18 years old)

For Instructor's Use Only

Notes _____

Signature _____ Date _____