

EMERGENCY CONTACT & WAIVER OF LIABILITY

Please complete the following info and return to Jessica Lewis at your soonest convenience. Note that if you have the most recent version of Adobe Acrobat Reader (software) you can simply add text to this (or any) PDF. If you prefer a more traditional process, however, simply print out the form then complete, scan, and email it (in the past students have even taken pictures of completed forms with their phones and emailed them from their phone "Gallery"...whatever works for you will be perfectly fine!)

T'ai Chi Chih® Class Dates: _____ Location: _____

Student's name: _____ Address: _____

Cell Phone: _____ Work: _____ Home: _____

Contact person in case of emergency: _____

Cell Phone: _____ Work: _____ Home: _____

Program Guidelines

This class is conducted by Jessica Lewis, an Accredited T'ai Chi Chih Instructor, and is open to anyone who regardless of fitness or mobility. If the student intends to perform all T'ai Chi Chih movements while standing, they must be mobile enough to participate without assistance. Any participant with any doubts regarding their physical ability to participate in this class is strongly urged to obtain medical clearance from their physician prior to commencing (note that when performing all movements in this program from a standing position, the required physical exertion is most similar to extremely slow walking.)

Classes are one hour in length. Periods of rest are incorporated between each movement yet participants are encouraged to rest even longer if needed, and to work within their own personal comfort zone at all times. If standing is intolerable to any participant all movements can be performed (with some modification) from a chair or simply visualized.

Acknowledgement of Personal Responsibility

I have read the Program Guidelines and understand there is an extremely unlikely yet inherent risk in this particular activity. I agree to abide by the guidelines 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 T'ai Chi Chih: (b) release and hold harmless Jessica Lewis, and her respective officers, directors and shareholders, and all her 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 involving T'ai Chi Chih.

I know of no medical reason why I should not participate in this class. I understand that if I am concerned about participation in this class for any reason, Jessica Lewis has strongly urged me to obtain medical clearance from my physician prior to commencing.

Signature: _____ **Date:** _____

For Instructor's Use Only

Signature: _____ **Date:** _____

Questions? Feel free to contact:

Jessica Lewis, CPT, CNC

Cell: 302-593-5005

Email: jessica@SculptUrLife.com OR jhtl0521@gmail.com