



Seattle School of T'ai Chi Chuan

Release and Consent Form

Student Information:

Emergency Contact Information:

Form fields for Student Information: Last Name, First Name, Street Address, City, State, Zip Code, Primary Telephone, Cell Phone, email address

Form fields for Emergency Contact Information: Last Name, First Name, Relationship to Student, Primary Telephone, Cell Phone, Other contact information

I understand and acknowledge that T'ai Chi training involves exercise and physical activity that can cause sore muscles and other similar aches and pains. There is also the possibility of a fall, misstep, or other accident that could cause broken bones, pulled muscles, or similar injuries.

I understand that I am responsible for my health and well being inside and outside of class, and agree to notify my instructors of any health concerns relating to my study of t'ai chi. I will rest when necessary, and pace myself in class according to my own capacity.

I also understand that all T'ai Chi classes offered by T'ai Chi Seattle, a member of the T'ai Chi Foundation, are offered to me for my personal benefit. In order to keep the transmission of this material accurate and to safeguard the health of future T'ai Chi students, I agree not to teach any of this material without proper training in the T'ai Chi Foundation's Apprentice Program and written authorization from T'ai Chi Seattle and the T'ai Chi Foundation.

Participant: _____ Date: _____

The Seattle School of T'ai Chi Chuan
c/o The Center for Classical Five-Element Acupuncture
1529 Queen Anne Avenue, Suite 100
Seattle, WA 98109

