



Tai Chi / Yoga in the Gardens
Participant Agreement and Liability Waiver
Instructor: _____

I, (*print name*) _____, HEREBY AGREE TO THE FOLLOWING:

I am aware that participation in Tai Chi / Yoga may result in accident or injury, and I assume the risk connected with the participation in Tai Chi / Yoga and represent that I am in good health and suffer from NO physical impairment which would limit my ability to participate in Tai Chi / Yoga. If any physical impairment or discomfort shall arise during class, I will modify or discontinue participation in the Tai Chi / Yoga class. I acknowledge that the Tai Chi / Yoga instructor and Wellfield Botanic Gardens have not and will not render any medical services including medical diagnosis of my physical condition.

I specifically agree that the Tai Chi / Yoga instructor providing services, Wellfield Botanic Gardens, its officers, employees and agents shall not be liable for any claim, demand, cause of action of any kind resulting from or related to my participation within or without of the Tai Chi / Yoga class, and I agree to hold Tai Chi / Yoga instructor providing services and Wellfield Botanic Gardens harmless from same.

I have read the above release and waiver of liability and fully understand its contents.

I voluntarily agree to the terms and conditions stated above.

Signature of participant

Date

Signature of parent/guardian if minor participant

Date

Please complete Participant Information Sheet on reverse



Instructor: _____

Name: _____ Home: _____ Cell: _____

Address: _____ City: _____ State/Zip: _____

Email Address: _____ DOB: _____ Age: _____

Occupation: _____

Emergency Contact: _____ Phone: _____

Have you ever participated in Tai Chi / Yoga before? (circle) **Yes / No**

Please note any health conditions instructor should be aware of:

What do you hope to gain or lose from your Tai Chi / Yoga experience?

Please read the following information and sign where indicated. If you have specific medical conditions or symptoms, Tai Chi / Yoga may be contraindicated. A referral from your physician may be required prior to service.

I understand that Tai Chi / Yoga may or may not fulfill what I hope to gain or lose from my session. If I experience any pain or discomfort during the session, I will immediately inform the Tai Chi / Yoga instructor so that he/she may adapt accordingly. I further understand that Tai Chi / Yoga should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should refer to a medical specialist for any mental or physical ailment I am aware of. Because Tai Chi / Yoga should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and have answered all questions honestly. I agree to keep the Tai Chi / Yoga instructor updated as to any changes in my medical profile and understand that there shall be no liability on the instructors part should I forget to do so. Tai Chi / Yoga instructor and Wellfield Botanic Gardens reserves the right to retain personal participant information for internal use only. All information obtained by the Tai Chi / Yoga instructor prior to, during or after sessions is held strictly confidential. Tai Chi / Yoga instructors and all practitioners representing it reserve the right to end any session at any time due to inappropriate behavior of the participant.

Signature of participant

Date

Signature of parent/guardian if minor participant

Date