**Tai Chi Class Registration Form**

**PERSONAL INFORMATION:**

**LAST NAME: FIRST NAME:**

**E-MAIL ADDRESS:**

**EMERGENCY CONTACT INFORMATION:**

EMERGENCY CONTACT, the person who can be reached in an emergency:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### I agree that neither the University of Saskatchewan, nor class instructor, will be held liable for any injury to me, or loss or damage to my personal belongings.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Signature Date**

### By signing this consent, I agree to allow the University of Saskatchewan Confucius Institute to use my photo and/or filmed images for promotional purposes.

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 **Signature Date**