



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (day): \_\_\_\_\_ Phone (night): \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_

Class(es) you wish to take: \_\_\_\_\_

Reason for taking this class: \_\_\_\_\_

\_\_\_\_\_

Any injuries or conditions: \_\_\_\_\_

\_\_\_\_\_

How did you learn about the class? \_\_\_\_\_

I understand that there is a risk of injury in any martial art, movement training or meditation practice. I agree to be solely responsible for my actions during and in connection with these classes, seminars or retreats.

I hereby release, indemnify and hold harmless Robert Tangora Tai Chi, LLC, Robert Tangora, their instructors, the classroom facilities and surroundings from any and all claims, demands, costs, charges, and expenses for harm, injury, damage or loss that might be sustained by me as a result of or relating to participation in this class, seminar or retreat.

\_\_\_\_\_  
Signature Date