TaiChiSpace Class Registration

- *A community-oriented series held by St. John's Anglican Church, Ancaster to develop and practice the Wellness Art of Tai Chi.*
- *This series is a modified Yang Style 108 moves Tai Chi and is a Walking Meditation to promote health, longevity and connectivity of mind, body & spirit.*
- ***2027 Winter Series classes start Jan. 5th and end March 23rd. The class will run Tuesdays from 10:30am to 12:00pm including a break for tea. The Fee for this season is $110 payable to St. John's Anglican Church, Ancaster, ON. Newcomers are welcome.***

Registrant Name (please print your First Name, Last Name)

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Registrant Full Address (number, street, city, postal code)

Your Phone (Home)	**Your Phone (Mobile)**	**Your Email**
Emergency Contact Name	**Emergency Cont. Phone**	**Contacts' Relationship to You**

Assumption of Risks, Release Waiver & Indemnity; Declaration

I the named registrant, acknowledge that risks of injury associated with physical activity depend on my state of fitness, namely my state of physical, mental and emotional health and the degree of care and competence that I apply when I participate in such activity. By choosing to participate in this series of classes held by St. John's Anglican Church, Ancaster ("St. John's") involving physical activity, I assume all such risks and I agree that I am solely responsible for determining that I am medically able to participate in such classes. I acknowledge that neither St. John's, the Anglican Diocese of Niagara , the Bishop of Niagara, the Anglican Church of Canada, nor its instructors / volunteers assume such risk or responsibility. I also agree that I am free to reduce or modify my participation and that I should do so if I experience any adverse symptoms. In case of doubt, it is my duty to consult a health professional.

In consideration of the acceptance of this registrant, my access to St. John's premises and my instruction in this class, I the named registrant, hereby waive all rights that I may have against St. John's, the Anglican Diocese of Niagara ,the Bishop of Niagara, the Anglican Church of Canada or the instructors / volunteers for any injury suffered by me or my death or for any injury to or loss from my property or property in my possession and this waiver shall be binding upon my heirs, assigns and successors. I agree that any such property remains at all times under my sole care. I further promise to indemnify and save St. John's, the Anglican Diocese of Niagara, the Bishop of Niagara, the Anglican Church of Canada and the instructors / volunteers harmless from all claims including, if applicable, under the Family Law Reform Act of Ontario and similar act(s) against St. John's, the Anglican Diocese of Niagara ,the Bishop of Niagara, the Anglican Church of Canada and the instructors / volunteers as a result of injury to me, my death and loss or damage to my property or property in my possession and

this indemnity shall be binding upon my heirs, successors and assigns. I further agree to indemnify and save harmless St. John's, the Anglican Diocese of Niagara, the Bishop of Niagara, the Anglican Church of Canada and the instructors / volunteers from any claims against St. John's or the instructors / volunteers arising from the injury or death of any minor under my care or control or the loss of or damage to property belonging to or in the possession of such minor.

Declaration: I, the named registrant, wish to participate in this series of classes. I agree to conduct myself in a reasonable and responsible manner according to the policies and practices under St. John's Anglican Church, Ancaster, Ontario and the class "Safe Space Expectations". I agree to submit my signed registration and event fee prior to entry into class and know that I am free to discontinue at any time. I will notify St. John's Anglican Church, Ancaster in writing if I wish to be removed permanently from the class participant list. I have carefully read above Assumption of Risks and Release Waiver & Indemnity.

Printed Name: _____

Original Signature & Date Today: _____ _____
Signed *yy/mm/dd*

Office Use Only

*Series Fee Paid at Office (yymmdd)*_____

*Payment Taken by (name)*_____ *Date(yymmdd)*_____

To be completed by Lead Instructor:

Starting Date (yymmdd) _____*Participant Number:* _____

Participant Activation Date (yyymmdd) _____*Location: Halson St. Parish Hall*

Instructor Name: *Susan Lower-Vens* *Authorized (yymmdd)*_____

*Copy Sent Signed Registration & Safe Space Expectations:*_____