



Leung's Yang Tai chi
REGISTRATION & WAIVER FORM
(Completion of all fields required)

(For Office Use only)

TUE	FRI	SAT
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(Please print) Last Name:		First Name:	
Address:		City:	Prov:
Phone:		Email:	
Emergency Contact Name & phone #:		DOJ: (For Office Use only)	

**WAIVER AND RELEASE OF LIABILITY AND
ASSUMPTION OF RISK ACKNOWLEDGEMENT**

Definition of facilities: Any outside and inside rental locations or any other locations including parking lots, parks in any provinces in Canada where YangTaiChi.ca and/or Leung Yang Tai Chi activities are conducted.

Definition of Indemnitees: YangTaiChi.ca &/or Leung's Yang Tai chi &/or Bruce Leung &/or any assistants, or any instructors.

Assumption of risks of participating in activities and/or programs

I, the undersigned, acknowledge that risks of injury associated with physical activity or any pandemic related illness depend in a large part on my state of fitness, 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 the programs and activities of YangTaiChi.ca and/or Leung's Yang Tai chi and/or Bruce Leung &/or any assistants. I assume all such risks and I agree that I am solely responsible for determining that I am medically able to participate in the programs and activities as provided. I acknowledge that you assume no such risk or responsibility. I also agree that I am free to interrupt, reduce or modify my participation and that I should do so if I experience any adverse symptom. In case of doubt, it is my duty to consult a health professional.

Assumption of risks of using facilities

I, the undersigned, understand and agree that it is my responsibility to assess the hazards presented by my use of the facilities and services of the facilities, and further agree that I am the ultimate judge as to whether I can use the facilities and services without risk of harm to myself. I understand and EXPRESSLY ASSUME all the dangers incident to using the facilities and their services, and hereby RELEASE ALL CLAIMS, including but not limited to, personal injury, property damage or destruction, and death, whether caused by NEGLIGENCE, breach of contract or otherwise, and whether for bodily injury, property damage or loss otherwise, which I may ever have against the Indemnitees. My use of the Facilities is entirely optional and my own free choice.

Release, Waiver Indemnity

I, the undersigned, hereby waive all rights that I may have against you to sue for any injury or illness from any pandemic suffered by me or my death or for any injury to or loss of my 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 you harmless from all claims (including, if applicable, claims under the Family Law Reform Act of Ontario and similar acts) against you as a result of injury to me, my death and loss of 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 you and save you harmless from any claims against you 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 a minor.

Agreement to non-competitive operation & activities

I, the undersigned, hereby agree not to operate any similar activities, teaching & coaching of Tai Chi & QiGong anywhere in North America or compete with LEUNG's Yang Tai Chi, without written approval and personal consent from Master Bruce Leung or authorized person of LEUNG's Yang Tai Chi.

I (*print name*), _____ have read and fully understand the entire content of this REGISTRATION & WAIVER/RELEASE FORM, which applies to all classes that I attend from hereafter, and I agree with all its terms and conditions (also includes the T&C as posted on website: YangTaiChi.ca).

Signed in Burlington, Ontario, this _____ day of _____, 20 _____

Signed Registrant _____ Witness (For Office Use only) _____

Note: Registrant must complete a new R&W form when changing contact address. Email & phone number changes can be done by email notice