Phoenix T'ai Chi Centre

Registration Form

LIFE IN TRANSITION: Taking care in times of change
A T'ai Chi & Qigong Retreat Weekend
August 19-21, 2016

Name:		Phone:
Street & City:		Postal:
Email:		
Emergency:		
Occupancy Preference:	Per person for 2 nights: ☐ Single @ $300.00 or ☐ Double @ $250.00	or Saturday only: ☐ Day Use @ $85.00
Diet:	☐ Dairy-free ☐ Gluten-free ➔ Add $10 surcharge ☐ Vegetarian (no surcharge)	
$ Enclosed: check one ➔	Full fee: + Dietary surcharge ☐ $300.00 or ☐ $310.00 ☐ $250.00 or ☐ $260.00	or: Day Use ☐ $85.00 ☐ Deposit: $100.00 ☐ Balance:

Please book before August 9. Deposits are due July 1 & non-refundable after August 9.
Balances are due August 9. Please make cheques payable to: Phoenix T'ai Chi Centre

I recognize that there is an inherent risk in participating in any exercise and do, by my enrolment in and attendance at the T'ai Chi & Qigong Retreat Weekend (the Retreat), fully assume responsibility for this risk. Therefore, in consideration of you accepting my registration for enrolment, I hereby for myself, my heirs, executors, and administrators waive and release any and all claim to damages I may have against the persons or organization offering the Retreat in which I hereby apply to participate, their employees, agents, representatives, successors and assigns for any and all injuries I may sustain during the classes, whether or not damages or injuries are sustained through negligence.

I further waive and release any and all claim to damages I may have against the owner(s) of any and all injuries I may sustain while on their property whether or not damages or injuries are sustained through negligence.

Further, I understand that the Retreat activities could be too strenuous for certain individuals and that it is suggested that I consult a physician before engaging in these activities.

Finally, I certify that I have sufficient liability coverage, through my own personal insurance (homeowners' or other), for excursions away from home including to Five Oaks.

Signature of Participant: _____ Date: _____

Please sign, date and mail this form, with your cheque, to the address below.

www.phoenixtaichi.ca   **519-439-8875**   **info@ phoenixtaichi.ca**
mailing address: **708-82 Ridout St S, London ON N6C 5H6**