



Phoenix T'ai Chi Centre

Registration Form

T'AI CHI CHUAN: Grounding and Movement

A T'ai Chi & Qigong Retreat Weekend

August 24-26, 2018

Name:		Phone:
Street & City:		Postal:
Email:		
Emergency:		
Occupancy Preference:	Per person for 2 nights: <input type="checkbox"/> Single @ \$350.00 or <input type="checkbox"/> Double @ \$275.00	or Saturday only: <input type="checkbox"/> Day Use @ \$85.00
Diet:	<input type="checkbox"/> Dairy-free <input type="checkbox"/> Gluten-free <input type="checkbox"/> Vegetarian Please add a \$10 surcharge for any one or more of these dietary needs.	
\$ Enclosed: check one →	Full fee: + Dietary surcharge <input type="checkbox"/> \$350.00 or <input type="checkbox"/> \$360.00 <input type="checkbox"/> \$275.00 or <input type="checkbox"/> \$285.00	or: Day Use <input type="checkbox"/> \$85.00
		<input type="checkbox"/> Deposit: \$100.00 <input type="checkbox"/> Balance:

Deposits and Day Use fees are due July 4 & non-refundable after August 14.

Balances are due August 14. 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

519-659-4372

info@phoenixtaichi.ca

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