

2024 Tai Chi & Exercise Program Participant Form

Participant Information

Participant Name: _____

Gender: Male Female Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cellphone: _____

Email Address: _____

Emergency Contact Information

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Medical Information

Doctor's Name: _____ Phone: _____

Allergies or Ailments: _____

Waiver & Release from Liability

THE PARTICIPANT in consideration for the Winter Park Presbyterian Church, The University Club of Winter Park and any other location or facilities where Jim Moltzan, provides instruction and supervision in the activity listed above does hereby:

1. Assume all risk of possible damage or injury involved through participation in the above said activity.
2. Request permission to participate in said activity with full knowledge that said activity could result in damage or injury to me.
3. Agree to indemnify and hold harmless the church, club, its representatives, affiliates, employees, volunteers, selected and appointed officials, departments or agencies and James Moltzan from liability resulting from any participation in said activity regarding instruction and supervision.
4. Authorize for any pictures or videos of me in said activity to be used for marketing purposes including but not limited to websites, printed literature, social media and any other types of promotions.
5. Give permission to be transported to and from any off-site locations that may be included in said activity.

Participant Signature: _____ Date: _____