

**ENROLMENT FORM**

Name: .....................................................................................................................................................

Address: ..................................................................................................................................................

Postcode: ......................... Email: ..........................................................................................................

Phone: Home ........................................................ Mobile ....................................................................

Contact person in case of emergency: ....................................................................................................

Phone: Home ......................................................... Mobile ....................................................................

* I have read the Class Guidelines below and I understand that there is an inherent risk in any exercise activity. I agree to abide by the rules set out in the Guidelines. I have no medical contraindication to participate in tai chi classes. I understand that if I do have any medical contraindication then it is my responsibility to obtain a clearance from my doctor before commencing tai chi classes.
* I consent to the use of any photographs or videos taken of me while attending classes for publicity, promotion, demonstration or other purposes, in any medium including the internet and social media. I waive any right to compensation in connection with such use.
* I understand that if I do not consent to the use of photographs or videos taken of me then it is my responsibility to ensure that I am excluded.

Signature: ..................................................................................... Date: ................................................

**CLASS GUIDELINES**

1. Classes are open to any person who is medically fit and can participate without assistance.
2. Classes usually last for one hour; participants are encouraged to have a rest as and when needed.
3. Any participant who has any doubt whether he/she is medically fit to attend is required to obtain medical clearance from their doctor prior to commencing.
4. Participants are required to do a gentle warm up exercise before they start and a cooling down exercise afterward.
5. All classes are designed by tai chi and medical experts led by Dr Paul Lam and are conducted by trained instructors.