PERSONAL PROFILE / RELEASE

(please print)

Name: Address:	_			10
E-Mail:	(email w	— ill not	be shared)	18
Phone:	Sex: M	F	Age:	72
How did you hear about the St. Louis T'ai Chi Ch'us Word of Mouth? Flyer? Internet or our Web Site? Print Other Media?		•		* The state of the
				St. Louis T'ai Chi Ch'uan
Previous Experience? (Circle all that apply) Meditation Reduction Martial Arts (if so what style/system	n Exercise/	Health	n Stress	Association
Do you have any physical limitations/injuries? (espe	ecially knee	, back	or hip)	
As a member of the St Louis T'ai Chi Ch'uan Associ	ation vou ag	ree to	the following:	
• In consideration of permitting me to participate in T'au the St Louis T'ai Chi Ch'uan Association sees fit to hole Association instructors and assistants.				
• I, myself, my executor, administrators, and assigns do teachers, and assistants from all claims, demand, actions growing out of my participation in said T'ai Chi classes	s or damages		•	· ·
• I acknowledge that my participation is voluntary without the Board Members, teachers, and assistants of the St Le	-			
• I acknowledge that teachers and assistants will occasion knees, and back in order to facilitate the teaching of T'a uncomfortable or any other action by a teacher or assistant please communicate immediately to the main teacher or assistant please.	ai Chi. (If this ant makes you	s "hanc u feel t	ds on approach" the least bit unc	' makes you omfortable
•I attest and verify that I have full knowledge of the risk physically fit and sufficiently trained to participate in the		said T	"ai Chi classes	and that I am
• Further I pledge to refrain from making any claims of Chi Ch'uan Association in any way without the prior wi			=	
(Signature)	(Board memb	er or s	senior instructor	r)
DATE:				