

## Registration and Release Form

| Name:   |   |  |  |   |
|---|---|--|--|---|
| Address:  |   |  |  |   |
| City:   |   | State:   | Zip:   |   |
| Phone (day):  |   | Phone (night   | f):  |   |
| E-mail:   |   |  |  |   |
|   | (Optional)<br>u wish to take:   |  |  |   |
| Reason for to   | aking this class:   |  |  |   |
| Any injuries  | or conditions:  |  |  |   |
| How did you   | know about the clas   | ss?  |  |   |
| Kung and relate<br>training, and I a<br>I hereb<br>classroom facili | estand that my instructor wed Internal Martial Arts. gree to be solely responsity release, indemnify and that might be sustained by | I also understand that the ble for my actions during dhold harmless Hiromins, demands, costs, ch | here is risk of injury in<br>and in connection with a<br>i T'ai Chi and its inst<br>arges, and expenses fo | all martial arts<br>this class.<br>tructor, and the<br>or harm, injury, |
|   | Signature   |  | Date   |   |
| HTC Use Only  | Registered:/_   | / Amount: _  | Paid:  | _//   |
|   | 6 class card  | 12 class card 24   | class card 36  | class card  |
|   | 3 Initial drop-ins  | Dr   | op-In  |   |