

Jennifer Steffener
JS Associates Therapeutic Massage, LLC
Registration Form for Tai Chi and Wellness Classes

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Main Phone #: _____ Cell Phone #: _____

Can you receive texts on your cell phone? Yes No

E-mail: _____ Birth Date: _____ Age: _____

Emergency Contact: _____

Emergency Telephone #: _____

Allergies or Medical Information of Importance: _____

What is your main reason or objective for signing up for this tai chi class?: _____

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LIABILITY WAIVER AND RELEASE AGREEMENT

I understand that Tai Chi, Qi Gong, Dao Yin, and Meditation include physical movements, breathing techniques, self-massage, and meditation. As is the case with any physical activity, the risk of injury, even serious or disabling injury or death is always present and cannot be entirely eliminated, and I agree to assume all such risk. If I experience any pain or discomfort, I will immediately discontinue the activity, and immediately ask for support from the instructor. I will continue to breathe smoothly. I assume full responsibility for any and all damages or injuries, which I may incur through participation in this program. I understand that Tai Chi, Qi Gong, Dao Yin, and Meditation are not a substitute for medical attention, examination, diagnosis, or treatment. I also understand that these activities are not recommended and are not safe under certain medical conditions. By signing, I affirm and represent that a licensed physician has verified my good health, physical condition, and ability to participate in the aforesaid activities. In addition, I will make the instructor aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant or I am post-natal or post-surgical, I represent and my signature verifies that I have my physician's approval to participate. I also affirm that I alone am responsible to decide whether to practice the aforesaid activities and participation is at my own risk and I voluntarily assume all such risk. I hereby agree to irrevocably release and waive (give up) any and all claims that I have now or may have hereafter against Jennifer Steffener, JS Associates Therapeutic Massage, LLC, their instructors, employees, agents, and representatives from any and all such claims and agree to indemnify and save them harmless for and from any such claims. I understand that I am expressly agreeing to release and discharge Jennifer Steffener, JS Associates Therapeutic Massage, LLC, their instructors, employees, agents, and representatives from any and all such claims or causes of action and I am agreeing to voluntarily give up or waive absolutely and forever any right that I may otherwise have to bring a legal action against or to sue any of them in a court of law. I have read and fully understand and agree to the above terms of this Liability Waiver and Release Form. I am signing this agreement voluntarily and with full understanding and recognize that my signature serves as complete and unconditional release of any and all liability.

Print Name: _____

Signature: _____

Date: _____

Witness: _____