# 2019 SUMMER & FALL T’AI CHI AT NORTHSIDE

# REGISTRATION & WAIVER FORM

**JUNE 17 – AUGUST 19 & AUGUST 26 – NOVEMBER 14, 2019**

PLEASE PRINT CLEARLY. ONE APPLICATION PER PARTICIPANT.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Participant’s Name (Last, First) | | | | | | | | | | |
| St. Address | | | | | | City | | | Zip | |
| Home Phone | | | Work Phone | | | | | Cell Phone | | |
| Church Affiliation | | | | | Email | | | | | |
| Birth Date | | Children’s Names and Ages | | | | | | | | |
| Emergency Contact Name and Phone Number | | | | | | | | | | |
| **WAIVER AND RELEASE FROM LIABILITY**  *I recognize that there are inherent risks involved in sports and fitness activities. In consideration of the services provided, I hereby release and hold harmless, Northside United Methodist Church, Inc. (the “Church”), and the Church’s Department of Sports and Recreation, their directors, trustees, officers, employees, agents, instructors and volunteers from any and all liability for injuries, including those resulting in death, and/or illnesses incurred while participating or attending any event or in any facility of the Church.*  *I understand and am aware that strength training, aerobic exercise and flexibility work including the use of equipment is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury, and I am voluntarily participating in these activities with knowledge of the risks and dangers involved. I hereby agree to expressly assume and accept any and all risks of injury.*  *I declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in this exercise program. I also acknowledge that I have received either a physical examination and been given my physician’s permission to participate, or that I have decided to participate in this exercise program without the approval of my physician and do hereby assume the risk of any and all injuries which might result from my participation and activities.*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Signature/Date* | | | | | | | | | | |
| Check Session | Session Name | | | DATES | | | DAYS/TIMES | | | COST |
| □ | Tai Chi | | | June 17 – Aug 19, 201 | | | Mon 11:30 -12:30 pm | | | $100 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| □ | Tai Chi | Aug 26 – Nov 4, 2019 | Mon 11:30 -12:30 pm | $100 |

Please make checks payable to Northside UMC

Drop-off or mail your check with this application to:

NUMC

Attn: SPORTS & RECREATION

2799 Northside Dr. NW

Atlanta, GA 30305