Tai Chi
Registration Form

Print all information legibly
First Name ___________________________ MI ______ Last Name ________________________
Address ____________________________________________
City ___________________________ State ___ Zip ___________________
Day time Phone # __________________________ Fax __________________________
E-Mail Address __________________________

$90 for 9 classes

☐ Tai Chi - Beginner Class

☐ Tai Chi - Intermediate Class

Method of Payment:
☐ Check (payable to: UC Regents)

Bring Checks to the first class:
Sprague Hall atrium or courtyard
University of California, Irvine
Irvine, CA  92697-5850

*Space limited.
To be enrolled in class, you must have all 3 items: Registration form, payment, & signed waiver form

There are no reservations by phone or e-mail.
Refund Policy: Full refund only if requested in writing at least 48 hours before first class. No refunds after that.
Parking: There is a charge to park on the UCI campus so please be prepared to purchase a parking permit at the vending machine in the parking lot. Vending machine located at the second parking lot entrance.
Waiver Form

*Participant’s Name __________________________________________

(Required) – Print legibly

* □ Beginner Class * □ Intermediate * □ Advanced Class

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in UC Irvine, Susan Samueli Integrative Health Institute, including but not limited to participating in the Tai Chi classes at UCI, the Samueli Center and all other Drop-in Activities, hereinafter called “The Activity”, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue The Regents of the University of California, its officers, employees, and agents from liability from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor __________________________ Date ____________
Participants Age (if minor) ____________

*Signature of Participant __________________________ Date ____________
(REQUIRED)

*Incomplete waiver form will delay your enrollment / participation in the class.