



Figures In Space Tai Chi

Participant Waiver, Release of Liability, Assumption of Risk & Health Disclosure

figures.in.space.tai.chi@gmail.com · youtube.com/@Figures-In-Space-Tai-Chi

Participant information

Full name

Date of birth

Address

Phone

Email

Class / location

Emergency contact name

Relationship

Emergency phone

Health disclosure (helps the instructor adapt movements for you)

Please list any conditions, injuries, surgeries, joint replacements, balance problems, dizziness, heart or blood pressure concerns, pregnancy, or anything else that may affect how you move. Write "none" if not applicable.

Conditions / injuries / notes

☐ I use a cane, walker or wheelchair

☐ I prefer seated practice

☐ I have fallen in the last 12 months

☐ My doctor has cleared me for gentle exercise

1. Voluntary participation

I am voluntarily participating in tai chi, qi gong, meditation, breathing and related movement classes, private lessons, workshops, online sessions and holistic consultations (the "Activities") offered by Joseph Evans doing business as Figures In Space Tai Chi, and its instructors and assistants (together, "Figures In Space").

2. Assumption of risk

I understand that the Activities involve physical movement, weight shifting, balancing, stretching and standing or seated exercise. Even gentle exercise carries risks, including but not limited to muscle strain, sprains, joint pain, dizziness, falls, fatigue, aggravation of existing conditions, and in rare cases serious injury, heart attack or death. I knowingly and voluntarily assume all such risks, both known and unknown.

3. Health and medical clearance

I confirm that I am physically able to participate, or that I have consulted (or will consult) my physician or healthcare provider about whether these Activities are appropriate for me. I will tell the instructor about any condition, injury, surgery, pregnancy or medication that may affect my participation, and about any change in my health. I will move only within a comfortable, pain-free range, use a chair or other support when I need it, and stop immediately and tell the instructor if I feel pain, dizziness, shortness of breath, chest discomfort or any other unusual symptom.

4. Education, not medical treatment

I understand that the Activities, including any holistic or Traditional Chinese Medicine-informed consultation, are educational wellness practices. They are not medical, physical therapy, psychological or acupuncture diagnosis or treatment, and they do not replace care from licensed healthcare professionals. Any suggestions I receive are for general wellbeing, and I am responsible for decisions about my own health.



Figures In Space Tai Chi

Participant Waiver, Release of Liability, Assumption of Risk & Health Disclosure

figures.in.space.tai.chi@gmail.com · youtube.com/@Figures-In-Space-Tai-Chi

5. Release and waiver of liability

To the fullest extent permitted by law, I release, waive and discharge Figures In Space, Joseph Evans, its instructors, and the owners and operators of the facilities where Activities take place, from any and all claims, liability, demands or causes of action for injury, illness, death or loss of or damage to property arising out of or related to my participation, including claims arising from ordinary negligence. This release does not apply to gross negligence or willful misconduct.

6. Indemnification

I agree to indemnify and hold harmless the released parties from any claims, losses or expenses (including reasonable attorney fees) arising from my own conduct or my failure to follow instructions or safety guidance.

7. Emergency care

In an emergency, I authorize Figures In Space to call emergency services and to seek medical treatment for me. I accept responsibility for the cost of any such care.

8. Online and home practice

When I take part in online classes or follow recorded videos, I am responsible for providing a safe, clear practice space with stable footing and a sturdy chair, and for practicing within my own limits.

9. Photos and video (optional)

Classes may be photographed or recorded for teaching and promotion. Please choose below. My choice does not affect my ability to participate.

☐ YES – you may include me in photos/video

☐ NO – please do not photograph or record me

10. General

This agreement is governed by the laws of the state where the Activities take place. If any part of it is found unenforceable, the rest remains in effect. I have read this document carefully, understand it, and sign it voluntarily. For participants under 18, a parent or legal guardian must also sign.

Signatures

BY SIGNING BELOW I CONFIRM THAT I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE, AND THAT I AM GIVING UP CERTAIN LEGAL RIGHTS.

Participant signature (type full name if signing electronically)

Date

Parent / guardian (required if the participant is under 18)

Parent / guardian name

Parent / guardian signature

Date

Return this form at your first class or email it to figures.in.space.tai.chi@gmail.com. Keep a copy for your records.