

## Movement Improvement T'ai Chi Waiver of Liability

Please read this form carefully.

In participating in this program you will be waiving and releasing all claims arising out of the Movement Improvement T'ai Chi Program. In consideration of \_\_\_\_\_ providing the Movement Improvement T'ai Chi Program and accepting me as a participant,

I \_\_\_\_\_, **Agree as follows:**

I am fully informed of the details of the Movement Improvement T'ai Chi Program and have received satisfactory answers to all questions I have concerning the Movement Improvement T'ai Chi Program. I do hereby assume the full risk of any injuries and all costs, damages, and losses that I may sustain as a result of participating in any and all activities connected with or associated with the Movement Improvement T'ai Chi Program.

I grant FIRST Program Partners the right to record, broadcast, and otherwise use in any media my performance in the Movement Improvement T'ai Chi Program and to use my name, likeness, voice, and biographical information concerning the Movement Improvement T'ai Chi Program.

I assume all risks associated with my participation in the Movement Improvement T'ai Chi Program and hereby release and hold harmless \_\_\_\_\_, and their respective directors, officers, employees, agents, successors, and assigns, from and against any and all claims, damages, liabilities, and expenses arising from my participation in the Movement Improvement T'ai Chi Program. I have read and fully understand the foregoing terms.

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**Signature of Participant**

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**Date**

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**Address**

## **HEALTH HISTORY**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Sex: M F

Emergency Contact \_\_\_\_\_ Class Location \_\_\_\_\_

Phone \_\_\_\_\_

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For most people, physical activity should not pose any problem or health hazard. This health history has been designed to identify the adults for whom physical activity might be inappropriate or for those who should have medical advice concerning the type of activity most suitable for them.

**Please read the questions carefully and answer the question as it applies to you.**

**Yes No**

- \_\_\_ \_\_\_ 1. Has your doctor ever said you have heart disease?
- \_\_\_ \_\_\_ 2. Has your doctor ever said your blood pressure was high?
- \_\_\_ \_\_\_ 3. Do you frequently have chest pains?
- \_\_\_ \_\_\_ 4. Do you frequently have back or joint pain? If yes, which joints?  
\_\_\_\_\_
- \_\_\_ \_\_\_ 5. Do you often feel faint or have spells of severe dizziness?
- \_\_\_ \_\_\_ 6. Do you have osteoporosis?
- \_\_\_ \_\_\_ 7. Do you have arthritis? If yes, please list the affected joints:
- \_\_\_ \_\_\_ 8. Do you use medications on a regular basis? If yes, please list these medications:  
\_\_\_\_\_
- \_\_\_ \_\_\_ 9. Have you told your doctor that you are participating in this program?
- \_\_\_ \_\_\_ 10. Do you have any other physical condition that would keep you from safely participating in this program?

**If you answered yes to any of questions 1-8 you should consult your physician about participating in an exercise class.**