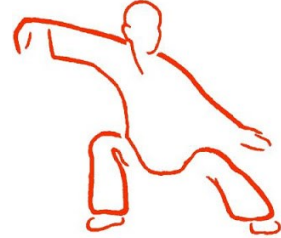


# Tai Chi

Gentle flowing movements to improve balance, strength, and functional mobility, while also reducing pain, stress, and risk of falling. The practice of Tai Chi can increase psychological well-being through relaxation and recharging your body's natural energy

Location: GCCC  
 Date: Session I: August 26-Sept. 26 2019  
 Session II: Oct 1-Nov 7 2019  
 Session III: Nov 12-Dec 19  
 Day & Time: Tuesdays and Thursdays  
 9:30-10:15 am  
 Fee: \$30 member or Punch Pass  
 Ages: Adults  
 Instructor: Simeon Lang  
**Limit: 12**



Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

**M/W 336052**

**Fees \$30 or Punch Pass**

### Waiver & Medical Authorization

In consideration of being permitted to participate in a Jefferson Park and Recreation Department activity or program I, the undersigned participant (or, if under age 18, the participant's parent or legal guardian on his or her behalf): (i) recognize and acknowledge that such activity may involve risk of bodily injury or property damage, (ii) assume full responsibility for and risk of any bodily injury, damage or loss which may occur as a result of participating in such activity, (iii) release, waive, discharge and covenant not to sue the Jefferson Park and Recreation Department and the City of Jefferson and their administrators, officers, employees, members of governing and advisory bodies, representatives, agents, coaches, officials and volunteers (the "releasees") from all liability to the undersigned for any and all damage or loss, and any claim or demand therefor, on account of injury to my person or property, whether due to negligence of the releasees or otherwise, as a result of participating in any such activity or program, (iv) agree to indemnify and hold harmless the releasees identified above from any and all loss, liability, damage or cost that they may incur as a result of my participation in any such activity or program, (v) in the event of any injury or illness while participating in such activity or program authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel, and (vi) consent to my picture being used for publicity or promotional purposes. I HAVE READ AND FULLY UNDERSTAND THIS WAIVER AND MEDICAL AUTHORIZATION AND VOLUNTARILY SIGN IT.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Does the participant have any condition that would prevent full participation in the above activity? \_\_\_yes**

**\_\_\_no** ie. asthma, diabetes, seizures, allergies (bee stings), etc.

**Please note in space below.**

Amt pd \_\_\_\_\_ check or cash