



**T'ai Chi Marin County (TCMC)
Enrollment Agreement**

Participant's Name _____

Address _____

City, State, Zip _____

Telephone _____ (home) _____ (work/mobile)

Email address _____

How did you hear about this class? _____

Course starting date _____

1. I understand that the Tai Chi program may involve physical and non-physical exertion. I have no disability, impairment or ailment whatsoever whether physical or mental which would be adversely affected by participation in the Tai Chi program. I will inform my instructor of any relevant changes in my health.
2. As a student of TCMC, I hereby agree to not write down record, nor film in any way the instructions or indications during class, nor claim to represent officially TCMC.
3. I understand I am not authorized to demonstrate or teach Tai Chi without express written permission of TCMC/the T'ai Chi Foundation (TCF).
4. I hereby grant permission to TCMC to take photographs or audio or video recordings of me and allow TCMC to make use of such photos/recordings as it may determine.
5. I will not disseminate any material I am given in class that belongs to TCMC/TCF without the written permission. All released materials will be properly acknowledged.
6. I assume the responsibilities and risks ordinarily associated with participation in all coursework I take with TCMC, and in the use of facilities. I release TCMC from any liability or claim of any kind related to my involvement with TCMC.

Signed and agreed to:

By _____

Participant

Date _____