



Healthy Steps
by Julia Mitchell



TAI CHI BOOKING FORM & EMERGENCY CONTACT

YOUR NAME.....

ADDRESS.....

TELEPHONE..... EMAIL.....

EMERGENCY CONTACT DETAILS

NAME/RELATIONSHIP.....

TELEPHONE NUMBER.....

I understand that there is an inherent risk in any exercise activity and I agree to abide by the program rules and Golden Guidelines. I acknowledge that I am solely responsible for my health, safety and wellbeing. I agree that I will inform the teacher/session leader of any activity or movements which I cannot safely perform. I will not perform any activity or movement that I feel is likely to cause me to injure myself. I agree to hold the teacher/session leader and/or this facility harmless from any and all responsibility for any injury that I may sustain during or as a result of my attendance in this class/session. If I am unsure of my health, I will consult my physician prior to undertaking this exercise program.

Participants must wear suitable **loose comfortable clothing and flat soft soled trainer style shoes.**

Participants are encouraged to **bring water** and **take a break when needed.**

Participants are encouraged to **work at their own pace.**

Signed **Date**.....

Photographs: I give permission to my instructor/session leader to use photographs taken of me in publications, advertisements, exhibitions and the internet to illustrate their work and to promote 'Healthy Steps by Julia Mitchell'. This includes use on social media. Due to the nature of the internet, photographs may be shared across numerous channels.

I agree to these conditions: Yes / No

Data Protection: This information will be stored securely by the instructor/session leader and will not be given to anyone else. You must notify your instructor/session leader of any changes in your personal data. Your email address will be used to notify you about 'Healthy Steps by Julia Mitchell' activities.

I agree to these conditions: Yes / No