



**FUNG LOY KOK INSTITUTE OF TAOISM
INTERNATIONAL TAOIST TAI CHI CENTRE**

Health Recovery Program

248305 5th Side Rd RR5, Orangeville, Ontario, L9W 2Z2
Tel: (519) 941-7991 Fax: (519) 941-4542 Email: healthcntr@taoist.org

Registered Charitable Organization (# 11893 4371 RR0001)

PARTICIPANT REGISTRATION FORM - CONFIDENTIAL

HEALTH RECOVERY WEEK **Date of Week You Plan to Attend**

Name Mr Ms

Date of Birth MM/DD/YY... ___/___/___ Present/Past - Occupation

Address Number and Street

City Prov. / State Postal Code Country

Telephone Home Work Fax

E-mail Address E-mail

Club Branch Region Country

Emergency Contact name / relation Telephone

Parent or Guardian Contact name Telephone

Family Practitioner Name Telephone

Other Please state your reason for attending the Health Recovery Program

.....
.....

Do you currently practice Taoist Tai Chi? Yes No

.....

If yes, since when? At which club?

Are you an instructor, If yes Beginner or CIT? How Long?

What is the focus of your current practice?

What goals do you hope to achieve as a result of your stay?

.....
.....

Where did you learn about the HR Program?

Travel Own car Aeroplane Bus Train Other

Transport required? At arrival Yes No At departure Yes No

Union Station **Toronto Bus** **Toronto Pearson Intl Airport**

Arrival Date Time Departure Date Time

Flight Information Arr. / Dept. Airline Arr. Flight # Dept Flight #

*Pickups for the Health Recovery Workshops from the Airport will be OUTSIDE the nearest exit at the Arrivals Level of your terminal. At Union Station, wait under the clock outside the train station entrance. Please help us find you by watching for our marked Tai Chi vehicle; please display a visible Tai Chi logo. **Other arrangements made as required.***

Cost Workshop Price \$500.00

I will pay by cash cheque visa MasterCard upon arrival

Accommodation Notes

Dietary Concerns

Allergies

Meals First meal: Date Breakfast Lunch Dinner

 Last meal: Date Breakfast Lunch Dinner

Current Medical Conditions: (how they affect your life)

.....

.....

.....

Accidents and Traumas: (how they affect your life)

.....

.....

.....

Mobility Walk by self Walk with aid of canes Use a Scooter

 Independently use wheelchair Use and require assistance for wheelchair

 Manual wheelchair Electric wheelchair

Functional Assessment Do you require the assistance of a nurse or a caregiver; if yes, for which of the following activities?

 Bathing Use of toilet Bladder / Bowel Care

 Eating Dressing Other.....

Please describe any significant health problems in the past:.....

.....

.....

MEDICATIONS AND GENERAL HEALTH

Are you taking Blood Thinners? Yes No **Steroids** Yes No **Major Tranquilizers** Yes No

Anti convulsants Yes No **If yes to any of the above please list medication:**

Other Medication(s):.....

General Health: Heart Problems

High Blood Pressure

Breathing Problems

Diabetes

Balance Problems

Other

PERSONAL INFORMATION PROTECTION AND STATEMENT OF PURPOSE The Society protects personal information of members and participants under its National Personal Information Protection Policy (available at the Centre) and does not disclose such information to any third party organisation. Your personal information collected in this form, or collected from you by the Taoist Tai Chi Society staff and volunteers before, during or after the health recovery week concerning your health condition and training process is kept in confidentiality and access is strictly controlled. Such personal information is collected so that we may contact you concerning the event for which you are registering, for contact information in case of emergency, for identifying arrival and departure assistance requirements, as well as allergies, dietary concerns and any special needs for your stay. It is also collected for assessing results and monitoring progress, for reference at future workshops attended by you, for disclosure to the treating physician(s) in the event of an emergency and for anonymous statistical and research purposes.

This form is submitted together with a signed ACKNOWLEDGMENT, ACCEPTANCE OF RISKS, RELEASE OF CLAIMS, WAIVER OF LIABILITY AND INDEMNITY agreement. (Please Note: All participants are required to carefully read and to sign that agreement before registration to this program can be processed.)

I read the section entitled PERSONAL INFORMATION PROTECTION AND STATEMENT OF PURPOSE, and I consent to the collection of personal information by the Society for the purposes declared. I know that I can get a copy of the Personal Information Protection Policy at any branch or Centre of the Society and that I can discuss any personal information concern with my instructor or a personal information officer of the Society.

Signature

(Participant)

ACKNOWLEDGMENT, ACCEPTANCE OF RISKS, RELEASE OF CLAIMS, WAIVER OF LIABILITY AND INDEMNITY (the “Agreement”)

TO: TAOIST TAI CHI SOCIETY OF CANADA AND FUNG LOY KOK INSTITUTE OF TAOISM
(hereafter collectively referred to as the “Society”)

In this Agreement,

“**Centre**” refers to the International Taoist Tai Chi Centre of the Fung Loy Kok Institute of Taoism located at 248305 5th Side Rd RR#5, Orangeville, Ontario, Canada; and

“**Program Activities**” refers to training and instruction in Taoist Tai Chi, foundation and stretching exercises, meditation and/or other similar activities, training and instruction provided by the Fung Loy Kok Institute of Taoism and/or the Taoist Tai Chi Society of Canada, as part of the Taoist Tai Chi Health Recovery program.

In consideration of my attendance at the Centre, my voluntary participation in the Program Activities, and my use of the facilities and equipment of the Centre, I agree to this Acknowledgement, Acceptance of Risks, Release of Claims, Waiver of Liability and Indemnity (the “Agreement”).

Acknowledgment and Acceptance of risks

In accordance with this Agreement, I covenant, acknowledge, understand and agree that:

1. I am voluntarily attending the Program Activities at the Centre;
2. The Program Activities and the services of the Centre have been explained to me and I enquired about any aspect of the Program Activities and services that was not clear to me;
3. The Program Activities consist of using all parts of my body in a great variety of movements and postures, which may be physically demanding on various body systems and may put a strain on vulnerable parts of my body and therefore involve a potential risk for injury;
4. The extent of the risk for injury is also dependent on my physical and mental condition, and the degree of care and skill which I apply during my training and my participation in Program Activities;
5. While I will be training at the Centre and participating in Program Activities for health reasons, I am aware that the Centre is not a medical facility providing any therapeutic, nursing or medical intervention to participants, and that instructors of the Society are volunteers who are not accredited on the basis of any form of medical or health care training;
6. The Society is under no obligation to provide me with a physical examination or other evidence of my fitness, the same being my sole responsibility; it is also my responsibility to determine if I need to speak with my treating physician(s) or health care practitioner regarding the advisability of my travelling to the Centre or participating in the Program Activities;
7. MY TRAINING AND MY PARTICIPATION IN THE PROGRAM ACTIVITIES ARE CARRIED OUT AT MY SOLE RISK;
8. I am solely responsible at all times for choosing to apply or not to apply any instruction or suggestion that I receive in the course of the Program Activities;
9. I take personal responsibility for acting upon any adverse signs and symptoms, and it is my duty to stop and withdraw from the Program Activities if any physical impairment or condition renders me unable to participate;
10. The Society makes no guarantee, warranty, promise or representation to me that instructions or suggestions conveyed to me in the course of Program Activities are suitable for my particular health condition or that it is free from error or risk;

11. The Society makes no guarantee, warranty, promise or representation to me of specific outcomes with respect to my health condition or level of functioning as a result of my participation in the Program Activities;
12. I also acknowledge that Society instructors and representatives, whether or not they are licensed health professionals, cannot sanction and are in no way sanctioning that I am fit to participate in the Program Activities based on oral medical/nursing history;
13. Discussions or interviews, including telephone interviews, that I may have with instructors and representatives of the Society concerning my state of health, my fitness or ability to train or participate in any of the Program Activities at the Centre and the disclosure of medical information to any of them during or in connection with the Program Activities, do not constitute or result in an acceptance or assumption by them or the Society, of any risk or liability related to my training or my participation in the Program Activities;
14. To the extent that physicians, nurses or other health care professionals may from time to time attend the Program Activities in an advisory capacity on behalf of the Society, I am aware that their role is to help the Society run its programs and not to provide me or any participant with personal medical/nursing consultations or advice, and that nothing herein should be construed as an undertaking by the Society to have medical or nursing staff present or available for Program Activities, whether to respond to medical emergencies or to perform any other medical or nursing act;
15. The Society may not have medical or liability insurance to cover me in the event of injury, accident, illness or death, property loss or other such occurrence in connection with the Program Activities;
16. I understand that: (a) the Centre is run by volunteers, (b) I may be asked to contribute, as I am able, to the maintenance of and activities at the Centre, and (c) due to limited resources, any special dietary requirements of mine may not be accommodated.

Release of Claims, Waiver of Liability and Indemnity

On behalf of myself, my heirs, executors, successors, administrators, assigns, personal representatives and whomever else may have an interest either at common law or by operation of statute, I hereby

(i) WAIVE any and all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or in equity (collectively, "Claims") I or such parties may have now or in the future, whether the same be known or unknown,

(ii) RELEASE from all liability and agree not to sue the Society, its officers, directors, employees, representatives, medical/nursing advisors, agents, instructors and volunteers (collectively, the "Releasees"), and

(iii) INDEMNIFY and save harmless the Releasees from any and all Claims which may be made by or on behalf of any person entitled to claim under the Family Law Act (Ontario) or similar legislation,

in each case for any and all personal injury, death, property damage or loss sustained by me during or as a result of my (a) training and participation in the Program Activities conducted at the Centre, (b) transportation to and from the Centre or (c) attendance at or use of the Centre in any other manner. Said waiver, release and indemnification applies to any and all personal injury, death, property damage

or loss sustained by me, due to any cause whatsoever, including, without limitation, negligence on the part of the Releasees arising under this Agreement.

I hereby consent to the Centre, the Society or anyone acting on its behalf to initiate or obtain medical treatment that they may determine to be necessary in the case of injury or illness during my attendance at the Centre in the case that I am unable to consent to such medical treatment. I hereby agree to not bring any proceedings, claims or make any demands for damages, loss or injury, however arising, which may result from the medical treatment sought.

Any covenant or provision hereof determined to be void or unenforceable in whole or in part will be deemed not to affect or impair the validity or enforceability of any other covenant or provision hereof and the covenants and provisions hereof are declared to be separate and distinct.

I entering into this agreement, I confirm that I am not relying on any oral or written representations or statements made by the Releasees and agree that the terms of this Agreement may only be amended by a duly executed written agreement between the Releasees and myself, and that this Agreement shall not be affected or altered by any subsequent oral or written representations made by the Releasees.

I acknowledge that I have read and understand this Agreement prior to signing it and agree that this Agreement will be binding on myself, my heirs, executors, administrators, assigns and personal representatives, and all persons entitled to claim under the Family Law Act (Ontario) or similar legislation.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this

..... day of,200...

SIGNED, SEALED AND DELIVERED)

in the presence of:)

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WITNESS

Signatory Name: