

# Vie Tai ji / Tai ji Life ®

## REGISTRATION FORM (2025-09-04)

**This registration form must be duly completed and signed before any person can participate in an activity with Vie Tai ji / Tai ji Life herein called TJL.**

**First and Last Name (in block letters)** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Prov.** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Email** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Contact in Case of Emergency** \_\_\_\_\_ **Telephone** \_\_\_\_\_

Physical activity should not create problems or risks for most people. Please note that the practice of tai chi, qigong, martial arts, or any other training given by TJL, involves physical exercise that may be too strenuous and demanding for certain people. It is suggested that the participant consult a doctor before engaging in these activities.

Before registering, become acquainted with the Physical Activity Readiness Questionnaire (PARQ) hereinafter referred to as the «Questionnaire». The following link leads to the approved version of this «Questionnaire»: [http://eparmedx.com/?page\\_id=79](http://eparmedx.com/?page_id=79)

Consult a doctor if needed before engaging in the practice of activities offered by TJL, inform him/her about the questions you answered «yes» and discuss with him/her the type of activities you are planning. Then please sign the following section.

### DISCLAIMER FORM

I, the undersigned,

(In block letters) \_\_\_\_\_ registered in the courses or activities given by TJL, recognize and agree that:

I claim to have read, understood, and completed the Physical Activity Readiness Questionnaire (PARQ), which I keep for myself. If applicable, I consulted a doctor about my condition (if I answered «yes» to any of the questions) and discussed with him/her my participation in TJL activities and the risks and benefits they entail, given my physical condition. I understand there may be risks associated with physical activity (for example dizziness, fainting, abnormal blood pressure, chest pain, muscle cramps, nausea and, very rarely, premature death) and I willingly accept these risks.

\* I indicate here any medical condition I may deem necessary to mention to TJL instructors that may limit my ability to be physically active or result in injury if I participate in TJL activities. I will inform the instructors of any health changes that I deem necessary that may occur in the future. I agree that I am free to interrupt, reduce or modify my participation and that I am encouraged to do so if I experience any adverse symptoms, in which case I am solely responsible to seek professional advice.

---

I hereby agree to release, forever, from all liability «the organization», term including TJL, all their administrators, their personal representatives, instructors, assistant instructors, volunteers, agent and representatives, person responsible for an activity and any other party hired by TJL for the purpose of supervising or facilitating activities or approval of physical activities in which I engage in any way.

I therefore waive, by signing this form, any claim that I, my heirs, my executors, my personal representatives and my assigns could make against «the organization» for any damage caused to me or my properties, whatever its nature or origin, and any damage resulting from minor or serious accidents, or illnesses, or events involving death, whether or not such damage and injury was caused or not by negligence.

I acknowledge that this registration is valid from the date it is completed until the time I cancel my registration.

#### **AUTHORIZATION**

I authorize TJL to use and publish without compensation, photos, videos and recordings taken during an activity with TJL for purposes such as documentaries, educational films, websites, advertising, newspapers, posters or any social or printed media.

YES \_\_\_\_ NO \_\_\_\_

#### **CODE OF ETHICS**

I agree to be bound by the Code of Ethics of TJL.

Please note: TJL does not share personal information with any outside party or organization.

---

Signature

---

Date (year/month/day ex. 2025/01/20)

Check: I learned about TJL from: Internet \_\_ Friend \_\_ Business card \_\_ Other (specify) \_\_