**Calm in the Midst of Chaos**

**Virginia Head Start Association Annual Conference**

**April 10, 2018, 3:15-4:45 pm - Williamsburg VA**

**Participation Waiver Form**

Full Name (please print): Birth Date: Age: \_\_\_\_\_\_\_\_\_

Phone: Email Address:

Address:

City: State: Zip:

Emergency Contact: Emergency Phone:

**Waiver of Liability**

**LIABILITY DISCLAIMER**: I hereby acknowledge that my participation in Tai Chi activities is potentially hazardous, and that I should not participate in this event unless I am medically and physically able to do so. With full knowledge and understanding of the foregoing, and in consideration of my acceptance of this entry, I expressly assume any and all risks associated with my voluntary participation in this event. In addition, I, for myself and for anyone who might claim on my behalf, covenant to not sue and hereby WAIVE, RELEASE, HOLD HARMLESS AND DISCHARGE **The Virginia Head Start Association** and its agencies, event workers, officials, sponsors, volunteers, and their representatives, successors, agents, employees and assigns from ANY CLAIMS, LIABLITIES, DEBTS, AND CAUSES OF ACTION, whether foreseen or unforeseen, for death, personal injury, property damage or any other injuries which may arise from my travel to, participation in, or return from this event.

**Physicians Examination Waiver:**

ATTENTION: You should consult with your physician before beginning exercise classes or any type of workout program. Factors unknown to you may have an adverse effect on your physical well-being, including death. You should inform your physician that you are about to begin a fitness program. By signing this document, I the undersigned acknowledge that I am aware of the potential risks that could occur and that I should consult with and obtain a physician's approval prior to beginning a fitness/exercise program. If I choose to not get a physician’s approval, I fully accept all responsibility for my health and any resultant injury or mishap that may affect my well-being or health in any way. I fully understand that the fitness/exercise program may be strenuous and I choose to participate completely voluntarily. I fully accept all responsibility for my health and any resultant injury or mishap that may affect my well-being or health in any way. I hold harmless of any responsibility, the trainer/instructor, facility, organization, business or any persons involved with the fitness/exercise program.

* I have no known physical or mental condition that would impair my capability to participate fully, as intended or expected of me.
* I have carefully read the foregoing release and understand the contents thereof and sign this release as my own free act.

Signature: Date:

Guardian, if under 18: Date: