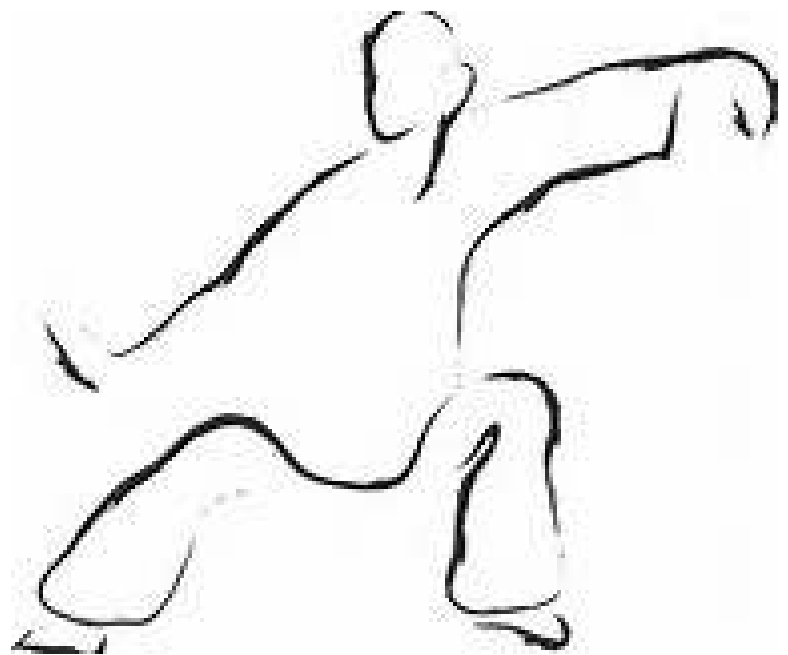




**Meditation
In
Motion**



Revised 4/18/17

**Introducing Tai Chi with
Instructor George Brown**

**Ashland Area YMCA
Tues/Thurs 6:00PM--7:00 PM
In Racquetball Court # 4
Member \$25 | Non Member \$35**

**Contact Holly Gully, Fitness and Wellness Supervisor at
606.324.6191 Ext: 244 for more information.**

Name _____ DOB _____ / _____ / _____

Address _____ City _____ State _____

Zip _____

Phone(s) _____ Email _____

**Sign up anytime!
First class is free!!**

Participation and Release of Liability

Release/Participation: I am the parent or guardian/ or I am the participant. I give permission for my child/myself to participate in Tai Chi. I understand that accidents can sometimes happen. I understand and express acknowledge that I release Ashland Area YMCA, its employees or past employees, boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to any and all participation. I understand that this release includes any claims based on negligence, action or inaction of the Ashland Area YMCA, its employees, boards, members, volunteers or guests.

I give permission for Ashland Area YMCA staff or volunteers to provide emergency medical treatment for my child/myself and to transport to an emergency center for treatment. Also, I consent to medical treatment for my child/myself deemed immediately necessary or advisable by a physician.

Insurance: I understand that the Ashland Area YMCA does not provide any accident or health insurance for its members or participants and further understand it is my responsibility to provide such coverage.

Participant's Name

Signature of Participant/Parent or Guardian

Date: _____