

6th Lightning Tai Chi International Competition (Group Member) Registration Form

(團體組- 組員報名表) Sponsored by Lightning Tai Chi, Inc. (LTC)

Mail completed form to: *Lightning Tai Chi, Inc., Attn: LTC Championship*
407 West Imperial Hwy, Suite H #215, Brea, CA 92821-4803

Participant Information 參賽者資料	
English Name (英文姓名) : Chinese Name (中文姓名) : Gender(性別) : M <input type="checkbox"/> F <input type="checkbox"/> Address (地址) : Home Phone (宅電) : Cell Phone (手機) : E-Mail Address (電郵) :	Group Name (團體名稱): Leader's Name (組長姓名) :

WAIVER AND RELEASE

Although Tai Chi Chuan is a slow and generally regarded safe form of exercise, my team/group and I fully understand that all forms of exercise bear some risks to the participants. On behalf of my team/group and myself, I hereby assume any and all risks of injury, damages, or loss to myself or personal property incurred while practicing and participating in the Evergreen Cup Competition sponsored by Lightning Tai Chi, Inc. (LTC) activity, and I hereby further release LTC, its board, member(s) of its executive committee and other committees, its instructor(s) and teaching assistant(s), sponsor(s) and other member(s) /student(s) from any and all liability from any practices, training of other LTC activities associated with the Evergreen Cup Competition.

By signing below I certify that I am of sound mental health and physical condition. I further certify that I am of lawful age and/or that I am the parent/Legal guardian of the applicant named below. I further certify that I am legally competent to execute this release and that, prior to signing this release, I have been fully informed of its content and thus do willingly execute it.

Participant's Full Name 參賽者姓名

Date 日期

Participant's Signature 參賽者簽名

I certify that I am the parent/legal guardian of the above named minor (applicant). I am legally competent to executive this release and have been fully informed of its contents and thus do willingly accept and execute it for the above named minor.

Parent/Legal Guardian's Full Name 父母/監護人姓名

Date 日期

Parent/Legal Guardian's Signature 父母/監護人簽名