



2024 TTM Seminar Registration

Name: _____ Association or TA Membership Number: _____

Address: _____

City: _____ State & Zip: _____ Country: _____

Phone: _____ Email: _____

***Teacher Academy Membership**

Please check: New Member _____ Renewal _____ \$ 20.00 \$ _____
 Certified Instructors, or above, registering for the first time \$ 20.00 \$ _____

		TA member rate	
*Entire Seminar: July 12 - 16	\$680.00	\$620.00	\$ _____
Two days Yang Family Tai Chi Essentials			
One day Push Hands			
Two days Sword			

***Per Program:**

Tai Chi Essentials July 12, 13	\$300.00	\$270.00	\$ _____
Push Hands July 14	\$160.00	\$145.00	\$ _____
Sword July 15, 16	\$310.00	\$280.00	\$ _____
*Per Day (please specify date) July _____	\$160.00	\$145.00	\$ _____

***Auditing a class: please specify, class and date**

Seminar participant _____ \$ 10.00 x _____ **\$8.00** x _____ \$ _____
 Auditing Only _____ \$ 15.00 x _____ \$ _____

***Additional Classes (Please enter the total from the other form)** \$ _____

Registration Fee (nonrefundable): \$ 25.00

***Saturday July 13 friendship lunch buffet** \$ 20.00 \$ _____

***Application for TTM Trainer Certification:** \$100.00 \$ _____

***Ranking Fee: Eagle \$40. Tiger \$60:** \$ _____

***Late Registration fee after June 29, 2024 (nonrefundable):** \$ 30.00 \$ _____

TOTAL: \$ _____

,Please make checks payable to **US Teacher Academy**
 Mail to: Mari Lewis, PO BOX 1003, Weston, CT 06883-0003
 Pay Pal payment to: usteacheracademy@gmail.com

Contact: Mari Lewis 203-247-7326, email: mari@yangfamilytaichi.com

ACCIDENT WAIVER and RELEASE OF LIABILITY

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, lack of hydration, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event.

These risks are not only inherent to participants, but also apply to volunteers. I hereby assume all of the risks of participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them. My signature below releases all of their possible liability, without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers of the event in which I may participate, and that it will govern my actions and responsibilities at said events.

In consideration of my application and for permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occur to me including my traveling to and from this event. THE FOLLOWING ENTITIES OR PERSONS: Master Yang Jun, William Walsh, Mari Lewis, Holly Sweeny-Hillman, The International Yang Family Tai Chi Chuan Association, United States Teacher Academy, Mark Gegeny, the Student Union Building, Western Connecticut, it's Board and Trustees, Officers, employees, and agents as now or hereafter constituted. The Western Connecticut directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of releases or otherwise.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns. The Accident Waiver and Release of Liability shall be constructed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document; and I understand its content.

 Participant's name (please print) Age (please list if 17 or younger)

 Signature Date