

Smoky Mountain Wellness
www.SmokyMountainWellness.com

Course Descriptions:

Level 1

The course includes introduction to the principles of Tai Chi and Arthritis Foundation® Tai Chi Sun Style 12 Form Qi Gong exercises are included. Pre-registration is required.

Level 2

The course advances from the Sun Style to the Arthritis Foundation® Sun Style 31 Form. Qi Gong exercises are included in this program. Pre-registration is required.

Walk With Ease

This structured walk program offers support, information and tools to help participants develop successful exercise p [programs.

REGISTRATION AND WAIVER

I am registering for:

Courses Beginning* **April 2** Level 1____ 9:30-9:45 Level 2 ____ 10:00-11:30 Fee \$90.00

Walk With Ease April 2 _____ Fee \$60.00 Handbook \$15.00_____

Name: _____ **Date:** _____

Address: _____

Email:: _____

Phone:: _____

*The course is six weeks long. Sessions are to be held on Monday and Wednesday from 9:00-11:00 at Everett Recreation Center, Room 205, 318 Everett High Rd. Maryville.

Class size is limited. To guarantee your spot, deposits must be paid in advance of the class. If available, participants may register up the first day of class.

Please mail or fax this form to: **Smoky Mountain Wellness**
P.O. Box 1020, Alcoa, TN 37701

For more information www.smokymountainwellness.com.
Phone 865-803-8887 or Fax 865-982-3808

Fees are nonrefundable after two weeks prior to Course Start Date

Check **Remember to read and sign waiver on reverse side.**

Credit Card (Visa or Master Card Only)

CC No. _____ Exp. Date _____

Signature _____



Smoky Mountain Wellness
Tai Chi For Improving Health

Waiver

Read and complete.

Program Guidelines:

Classes are open to suitable persons provided they are medically fit, are independently mobile and can participate without assistance in the class. The Tai Chi exercise in this program would be similar to walking in terms of physical exertion.

Any participant, who has any doubt whether they are medically fit to attend the class, is required to have a medical clearance from their physician prior to the first class session. Sessions last forty-five minutes to one hour. Sessions are to start on time.

Waiver

I have read the Program Guidelines and I understand that there is an inherent risk in any exercise activities and I agree to abide by the rules set in the Guideline.

I know that there are no medical reasons why I should not participate in this class or workshop. I understand if I do have any medical reasons why I should not participate in this class or workshop then it is my responsibility to obtain a clearance from my doctor before beginning.

Questions:

Signature _____ Date: _____