



# City of Beacon Recreation

## Beacon Community Tai-Chi

Tai chi, pronounced "tie chee", is a mind-body practice that originated in China as a martial art. A person doing tai chi moves his body slowly and gently, while breathing deeply and meditating (tai chi is sometimes called "moving meditation"). Many practitioners believe that tai chi helps the flow throughout the body of a proposed vital energy called qi(pronounced "chee," it means "air" or "power").

### Intro to Tai Chi: **Sunday Mornings 9:00am to 10:30am**

**Sessions ongoing**

This reoccurring 8-week course teaches the first eight movements of the Yang family Tai Ch form. The class will cover warm-ups, stretching, silk reeling exercises, and energy work. Instructors Michael Sibia and Marc Sabin. **Fee \$25**

Marc Sabin is an ordained Interfaith Minister who practices and teaches Taijiquan (Tai Chi Ch'uan) as a spiritual path. Since 1976 he has trained with many of the world-renowned masters as well as studying with several little known masters of the art. Before devoting himself to Taijiquan and meditation, Marc earned black belts and equivalent certification in Chinese Kempo, Ch'uan Fa and Filipino Escrima. He is also a long time practitioner of Vipassana meditation. Marc lives and teaches in New York and the Hudson Valley. Visit his website: [MarcSabin.com/taijiquan.html](http://MarcSabin.com/taijiquan.html).

#### Participant Information

Name:		
Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	
Cell Phone:	Email:	

#### Emergency Contact Information

Contact:	Phone:
Alternate Contact:	Phone:
Allergies, Existing Physical Conditions and/or Limitations:	
Additional Info:	

<b>Office Use Only</b> Rec'd by:		Register Code: <b>REC FEE</b>
Total Fees Paid: \$	Money Order#	Check#

1 Municipal Plaza Suite 4  
Beacon, NY 12508

**WAIVER and RELEASE of LIABILITY**

In consideration of the City of Beacon, its officers, directors, employees and volunteers furnishing services and/or equipment to enable me to participate in outdoor recreation activities, and/or transportation to and from such activities I agree as follows:

I fully understand and acknowledge that: (1) risks and dangers exist in my use of the specified equipment and my participation in such activities: (2) these risks and dangers may be caused by the conduct of the City of Beacon, its officers, directors, employees and volunteers, the conduct of the participants, the conduct of others, accidents, breaches of contract, forces of nature, or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes: and (3) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by conduct of the City of Beacon, its officers, directors, employees and volunteers, or by any other person relating to such activities.

I, on behalf of myself, my personal representatives, and my heirs voluntarily release, waive, discharge, hold harmless, defend and indemnify the City of Beacon, its officers, directors, employees and volunteers from any and all claims, action or losses for bodily injury, property damage, wrongful death, loss services or otherwise which may arise out of my use of equipment or my participation in the proposed activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the acts or other conduct by the City of Beacon, its officers, directors, employees and volunteers.

Please note: While participating in the forgoing activities offered by the City of Beacon, The City's officers, directors, employees and volunteers are in no way responsible for loss or damage to personal items, including my vehicle.

Outdoor recreation activities are an athletic activity and require a certain amount of physical fitness. Anyone with wrist, arm, shoulder, neck, back, leg or knee problems should consult their physician before participating in the above mentioned activities. Any person requiring medication must bring the necessary medication with them and inform the City of Beacon, its officers, directors, employees and volunteers of said requirement before beginning the above mentioned activities.

I hereby consent to and authorize treatment for any medical emergency which may occur during participation in the City of Beacon Outdoor sports activities. Recognizing this possibility I hereby consent to emergency transportation and treatment necessary in the event of illness or injury.

I authorize and agree to the reasonable and proper use by the City of Beacon, its officers, directors, employees and volunteers of any and all photographs which may be taken of any aspect of the program and which may include the image of the participant.

I have read the above waiver and release, and by signing it agree it is my intention to release the City of Beacon, its officers, directors, employees and volunteers from liability for personal injury, property damage, and/or wrongful death by negligence or any other cause.

PARTICIPANT NAME: \_\_\_\_\_  
(FIRST NAME MIDDLE INITIAL LAST NAME)

PARTICIPANT ADDRESS: \_\_\_\_\_  
(STREET CITY STATE ZIPCODE)

PARTICIPANT DOB: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PARTICIPANT SIGNATURE: \_\_\_\_\_