



# Beacon Community Tai-Chi- Unwind in Beacon Tai Chi Classes

## Class Schedule

NEW: Mondays and Fridays 10:00am – 11:30am • beginners

Sundays: 10:30am - noon • all levels

\$50 for each 4-class session • Drop-in classes \$20

Come enjoy the balance and harmony of this beautiful movement art with a growing community. Tai Chi has a longevity mission to promote health, recover health, and maintain health. Learning Tai Chi is a fascinating exploration that provides many mental/emotional benefits as well as physical fitness. People with health challenges from MS to Parkinson’s, from arthritis to depression feel the calming benefits from their very first session. The gentle, low-impact choreography lends itself to numerous health benefits. Tai Chi emphasizes optimal alignment and relaxation. Its exercises are graceful; moreover, they improve strength, flexibility and endurance. Learn how to be comfortable in your body.

Marc Sabin has been studying and teaching Tai Chi for over 25 years. Classes are sponsored by the Beacon Recreation Department. Location: 23 West Center Street. Plenty of free parking. For more information, 212.960.3238. Email: [taiji@marcsabin.com](mailto:taiji@marcsabin.com). Visit a free trial class.

### Participant Information

Name:		Age:	
Address:			
City:	State:	Zip:	
Cell Phone:	Email:		

### Emergency Contact Information

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

### 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 SIGNATURE: \_\_\_\_\_