

Address: #219, 9148 - 23 Avenue Edmonton, AB

Telephone: 780-965-8338

Alberta Wu Shu & Tai Chi Association

Sept. 8 – Dec. 2 / 2025 Class Schedule

CLASSES	DESCRIPTION	TIMES	DATES	FEE GST Inc
Traditional Yang Style Tai Chi 传统杨式太极拳	Beginner Level 1 Accept new students	Mon. 8:00 – 9:00 pm	Sept 8 - Dec 1 No class on Oct 13	\$195 or \$73 / mo
24 Moves Yang Style Tai Chi 24 势杨式太极拳	Beginner Level 1 Accept new students	Thur.10:00 – 11:00 am	Sept 11–Nov 27	195 or \$73 / mo
Health Qigong - Dawu 健身气功 – 大舞	All Levels Accept new students	Mon. 6:00 – 7:00 pm	Sept 8 - Dec 1 No class on Oct 13	\$195 or \$73 / mo
Health Qigong - Dawu 健身气功 – 大舞	All Levels Accept new students	Wed.10:00 – 11:00 am	Sept 10 – Nov 26	\$195 or \$73 / mo
Traditional Yang Style Tai Chi 传统杨式太极拳	Beginner Level 3	Thur. 11:00 – 12:00 n	Sept 11 – Nov 27	\$195 or \$73 / mo
Traditional Chen Style Tai Chi 传统陈式太极拳初级班	Beginner Level 3	Tue. 7:00 – 8:00 pm	Sept 9 - Dec 2 No class on Nov 11	\$195 or \$73 / mo
Yang Style Tai Chi & Sword 杨式太极拳, 剑	Intermediate	Mon. 7:00 – 8:00 pm	Sept 8 - Dec 1 No class on Oct 13	\$195 or \$73 / mo
Traditional Yang Style Tai Chi 传统杨式太极拳	Intermediate	Wed 11:00 – 12:00 n	Sept 10 – Nov 26	\$195 or \$73 / mo

Tai Chi drop-in class fee \$22.

Sign up for 2 classes & get a 5% discount, 3 classes 10%, 4 classes 20%, and unlimited classes for \$668

New Tai Chi students: an additional \$65 fee applies, which includes a white T-shirt, Tai Chi textbook, and yearly membership to the Alberta Wushu & Tai Chi Association.

New Qigong students: an additional \$38 fee applies, which includes a white T-shirt and annual membership to the Alberta Wushu & Tai Chi Association.

Payment Methods: Cash or E-transfer to: albertawushu2021@gmail.com

Please complete Forms 3 and 4 on the following pages.

- a) Print and fill it out, and return it in person.
- b) Download and fill out the PDF digitally, and email the completed forms to jihong@jihongtaichi.com

Alberta Wushu & Tai Chi Association Annual New Membership Application

(Please print)

Membership type: Single \$10 / Each additional Member \$5

Name:	Gender:	Birthday:
Address :	Phone	: <u>(</u>)
City & Prov. :	Email	:
Postal code :		
Name(s) of additional member(s) :		
M/F Adu	ult/under 18	
I do hereby agree to obey all the ru Alberta Wushu and Taichi Associa		s (see Conditions below) set by the
Date:	Signatu	re:
Under 18, Parent / Guardian signa	ture:	
of Wu shu and Tai Chi as a means to im for any personal injury, or death, or publ acts of negligence or omission of the direction the members at the activities of Associat from parents/guardians) can apply for mean capacity from parents/guardians can apply for mean capacity from parents/guardians can apply for mean capacity from the	prove human health an lic liability suffered by c ectors and agents of th ion. Any person aged 1 embership of the Assoc 的成立, 為大眾提供更多	體育運動的機會, 籍運動而促進彼此間的
友誼, 共同為促進體育運動而勞力. 所有會		
For Official use only		
Approved by: I	Date:	Payment received:

Alberta Wushu & Tai Chi Association

#219, 9148 23 Ave NW, Edmonton AB, T6N 1H9

COURSE REGISTRATION FORM							
Name:	Chinese Nam	e:(if applicable)	Birthday:				
Address:	(Street Address / Municipality (city, town et	tc.) / Postal Code)					
Email:	Phone:		Mobile:				
Male: □ Female: □	Registering for Martial Arts Activities in:	Wushu □ Tai Chi □	Health Qigong □				

I HEREBY AGREE TO ABIDE BY THE RULES AND REGULATIONS PROMULGATED BY ALBERTA WUSHU & TAI CHI ASSOCIATION FROM TIME TO TIME.

WAIVER AND RELEASE

I, THE UNDERSIGNED, HEREBY COVENANT AND AGREE:

- 1. Alberta Wushu & Tai Chi Association ("Association"), tenant of #219, 9148 23 Ave NW, Edmonton Alberta ("Subject Premises"), and their respective directors, officers, instructors, agent and employees, **shall not be held liable** in any way or manner:
 - a. for the death or injuries of whatever nature and kind and howsoever suffered by me or my children as a direct or indirect result of:
 - i. the use of the said premises by me or my children, whether as a student of the Association, or as parent of the student, spectator, visitor, licensee or invitee; and
 - ii. the omission or negligence of Alberta Wushu & Tai Chi Association, their respective directors, officers, instructors, agents and employees in the maintenance, care and operation of the Subject Premises;
 - b. for the loss of or damage to any property incurred or suffered by me or my children while in attendance of the Subject Premises, whether as a student, parent, spectator, visitor, licensee or invitee;
 - c. for any damage, injuries, personal discomfort, illness or death suffered or sustained by me or my children as a direct, indirect or consequential result of:
 - i. the instructions given to me or my children by the Association, its instructors and agents, in the training of Wu Shu, Tai Chi, weapons, long and short, sparring and push-hand, or any other forms of athletic, gymnastic and martial art exercises (collectively the "Training"); or
 - ii. the omission or negligence of the Association, its directors, officers, instructors and agents, in the course of providing Training to me or my children.
- 2. AND I HEREBY RELEASE ACQUIT AND FOREVER DISCHARGE ALBERTA WUSHU & TAI CHI ASSOCIATION, their respective directors, officers, instructors, agents and employees (collectively "the Releasee"), from any and all claims, demands, damages, costs, expenses, loss of services, actions and causes of action, suits, debts, dues, sums of money, expenses, general damages, special damages, subrogated claims, costs,

claims and demands of any and every kind and nature whatsoever, at law or in equity, or under any Statute, including claims under the Alberta Hospitals Act and Workers' Compensation Act, if any, against which the said Releasee, or any of them, I ever had, now have, or which I or my heirs, executors, administrators, assigns or agents, hereafter can, shall or any have, for or by reason of any matter, cause or thing whatsoever existing up to the present time, and in particular, but without restricting, for or by reason of any claim for injuries or death or damages to person or property, including all expenses therefrom, including solicitor-client costs, which I might have by reason of or arising out of or connected in any way with or in consequence of,

- i. the use of the Subject Premises in any way or manner by me or my children;
- ii. the omission or negligence of the Releasee in the maintenance, care and operation of the Subject Premises; and
- iii. the omission or negligence of the Releasee in the course of provision of Training to myself and my children.

AND I DO HEREBY WAIVE all my rights, whether in law or in equity, against the said Releasees or any one of them, for any injuries, loss or death suffered by me or my children as a result of the aforesaid.

3. AND I ACKNOWLEDGE THAT:

- a. I am cognizant of and have been sufficiently informed by the Association of the risks that may be involved in the said Training, and I further acknowledge that the participation in such Training by myself or my children may or might cause injury, loss, damage or death to myself, my children, or others; and
- b. the Association, its instructors and agents, are not responsible in any way for supervising any students who are under 18 years for their safety and security when such students are not participating in the Training but remaining at large on the Subject Premises while training of other students is proceeding.
- c. I voluntarily assume all such risks, responsibilities and liabilities as a result of my or my children's participation in the Training, or as a result of my or my children's attendance at the Subject Premises, which said risks may or might cause injury, loss or death to myself, my children or others.
- d. and I warrant that I am in good health, of sound physical and mental condition with no medical conditions, existing or pre-existing, and free of any physical defects, impairment, or any physiological condition that may be aggravated by my engaging in such Training; or, if I am not in good health, or I am not of sound physical and mental conditions with existing or pre-existing physical, physiological or mental defects or impairment, I acknowledge that my participation in the Training would aggravate my existing mental, physical and physiological condition, and I voluntarily assume all the risks as a result of my participation of the Training.

4. AND I ACKNOWEDGE that:

- a. my enrolment at the Association for the said Training evidenced by this Registration Form is good and sufficient consideration of the Release and Waiver;
- b. this Release and Waiver is binding on me, my heirs, successors and assigns so long as I remain a student at the Association.

Signature of Registrant	Signature of Parent or Guardian of Registrant
DATED at Edmonton, Alberta, this day of	, 2024 .
DATED (E1) All (d' 1)	2024
I HAVE READ AND FULLY UNDERSTOOD THE ABO	VE.