Ponsonby Physiotherapy

Tai Chi Class

I declare that I am, to my knowledge, medically fit to take part and exercise at this facility under the Physios guidance.
I understand the risks involved in Tai Chi and in partaking in exercise around other people and will do my best to ensure the safety and consideration of myself and others whilst exercising around other people. I undertake this activity at my own risk. I will not hold Ponsonby Physiotherapy and their instructors responsible for any injury, or incident which may occur as a result of myself or others actions in the facility.

Should I require any assistance, I will seek out the help from the instructor. I agree to wear safe and appropriate clothing and footwear for this activity.

Full Name	Signature	Date