

Sifu Phan's Tai Chi

The art of Tai Chi is typically practiced for a variety of reasons: Its soft martial art techniques, demonstration competitions, health, and longevity. Consequently, a multitude of training forms exist, both modern and traditional, which correspond to those aims. Some of Tai Chi Chuan's training forms are well known to Westerners as the slow motion routines that brings people together every morning in parks around the world, particularly China.

WHEN: Tuesdays 7:00pm-8:00pm
Thursdays 8:00pm-9:00pm

WHERE: Dimple Dell Multipurpose Room



FEE: Register by the month
\$40.00 (4 classes), \$60 for Tuesdays and
Thursdays, or \$10 per class

What are the Benefits of Tai Chi?

Health: Tai Chi's health training concentrates on relieving the physical effects of stress on the body and mind. For those focused on Tai Chi's martial arts application, good physical fitness is an important step towards effective self defense

Meditation: The focus and calmness cultivated by the meditative aspect of Tai Chi is seen as necessary in maintaining optimum health (in a sense of relieving stress and maintaining homeostasis) and in the application of the form as a soft style martial art.

For everyone 16 years old and up!

Register at Dimple Dell Fitness & Recreation Center
(10670 South 1000 East) or on-line @ www.slco.org/dimple-dell

Questions or concerns, please contact Lesley:

lashaw@slco.org or 385-468-3355

Instructor: Sifu Mike Hong Phan

Telephone: (801)598-3732 call or text

Email: kungfusifum@yahoo.com



For inclusion opportunities for people with disabilities,
contact Ashley at 385-468-1520 or abowen@slco.org.

Sifu Phan's Tai Chi Registration Form

Month: _____

- | | | |
|--------------------------|--------------------------|------|
| <input type="checkbox"/> | Tuesdays 7:00pm-8:00pm | \$40 |
| <input type="checkbox"/> | Thursdays 8:00pm-9:00 pm | \$40 |
| <input type="checkbox"/> | Tuesdays & Thursday | \$60 |
| <input type="checkbox"/> | One Time Class | \$10 |

Name of Student _____
 Address _____ City _____ State _____ Zip _____
 Parent or Guardian _____ Home Phone _____ Work _____
 In Emergency Notify (other than parent / guardian) _____ Phone: _____



Check here to be contacted about inclusion opportunities for people with disabilities.

Parental Statement of Agreement – Assumption of Risk, Liability Release and Refund Policy

- 1) **Assumption of Risk:** I hereby acknowledge and agree that my child's participation in recreational activities involves inherent foreseeable and unforeseeable risks and hazards which may expose my child, or me, to illness, injury, or death. In consideration of my child's participation in such activities, I for myself, my child, my heirs, my executors and administrators, freely and voluntarily agree to assume and accept any and all risks to my child or myself associated with my child's participation in Salt Lake County recreational activities.
- 2) **Release:** In consideration of my child's participation in the Salt Lake County recreational activities, I, for myself, my child, my heirs, my executors and administrators hereby release Salt Lake County and its officers, agents, and employees from any cause of action, claim, or demand of any nature whatsoever I or my child may now have, or have in the future, against Salt Lake County on account of personal injury, property damage, death, or accident of any kind, caused by, arising out of, or in any way related to my child's participation in Salt Lake County recreational activities.
- 3) **Indemnification:** In consideration of my child's participation in the Salt Lake County recreational activities, I agree to indemnify and hold harmless County, its officers, agents, and employees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever cause by, arising out of, or in any way related to my child's participation in the Salt Lake County recreational activities. I agree that my duty to defend and indemnify the County under this Agreement includes all attorney fees, litigation and court costs, expert witness fees, and any sums expended by or assessed against the County for the defense of any claim or to satisfy any settlement, arbitration award, or verdict paid or incurred on behalf of the County arising out of or in any way related to my child's participation in the Salt Lake County recreational activities.
- 4) **Refund:** Refunds may only be requested in person and must be accompanied by a written request. As per Salt Lake County policy and procedures the Parks and Recreation Division may withhold 25% of the refund (program registration fee) for administrative costs. No refunds shall be given after the first day of the program.
- 5) **Collections:** I agree to pay Salt Lake County all costs incurred, together with reasonable attorney's fees in the event that my account is referred for collection. I understand that any account delinquent 30 days or more will be turned over to collection.
- 6) **Emergency Treatment:** I hereby authorize Salt Lake Parks and Recreation program staff to act on my behalf in accordance with their best judgment in case of an emergency involving my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise therefrom.
- 7) **Media Consent:** I hereby grant permission to Salt Lake County to use my or my children's photograph, videotaped image, quotes/comments, or name for publicity and educational purposes in any and all publications and media without limit or compensation.
- 8) **Name Posting:** Unless otherwise indicated below, Salt Lake County is authorized to post or publish the name of my child participating in Salt Lake County recreational activities on the Salt Lake County website.

I do not authorize Salt Lake County to post or publish the name of my child participating in Salt Lake County recreational activities on the Salt Lake County website.

By signing this assumption of risk, liability release, and refund policy statement, I acknowledge that I have read its contents and disclosure, that I understand its contents and disclosure, and that I agree to its terms. If any portion of this Agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effect.

Name of Child Participant: _____

Signature (Parent or Legal Guardian): _____ Date _____

OFFICE USE ONLY.....Receipt #:

Amt.:

Date:

By:

Kung Fu Martial Arts

Month: _____

- | | | |
|--------------------------|----------------------|------|
| <input type="checkbox"/> | Tuesdays | \$40 |
| <input type="checkbox"/> | Thursdays | \$40 |
| <input type="checkbox"/> | Tuesdays & Thursdays | \$60 |
| <input type="checkbox"/> | One-Time Class | \$10 |

Name of Student _____
Address _____ City _____ State _____ Zip _____
Parent or Guardian _____ Home Phone _____ Work _____
In Emergency _____ Notify (other _____)



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