



GRANDMASTER ZHU TIANCAI SWORD CHEN TAIJI WORKSHOP May 28 - 30, 2010 ATLANTA GA

Grandmaster Zhu TianCai, the official 19th generation of Chen Style Taijiquan, is considered one of the living treasures of China. As one of the “FOUR GREAT JINGANGS (GEMS)” from the famed Chen Jia Gou village, China, Grandmaster Zhu TianCai’s seminar is a must for all Taiji enthusiasts. His hands-on and down-to-earth approach in teaching cuts through the mystery and complexity that surrounds Taijiquan.

Both novice and more knowledgeable Taiji practitioners are welcome, as both the fundamental principles of Taijiquan and the silk-reeling exercise are reiterated throughout the seminar along with a new routine.

Once again, we have the extraordinary opportunity to introduce or consolidate our prior comprehension and practice of the **Chen Style Taijiquan SILK-REELING** and **LAOJIA YILU**, as well as go to the next level of knowledge and practice: **SWORD CHEN TAIJQUAN** .

Come and experience how Taijiquan is taught to benefit your health and self-defense ability. Having Grand Master Zhu TianCai as teacher allows you to reach and learn directly from the roots of Taijiquan.

TOPIC: Friday May 28, 5.30PM - 8.30PM
Silk-Reeling (Changsi Gong) Energy Leads
Laojia Yilu 74 forms Old Frame Routine Review

Saturday May 29, 9.00AM - 12.00PM; 2.00PM - 5.00PM
Sword Chen Taijiquan First part

Sunday May 30, 9.00AM - 12.00PM; 2.00PM - 5.00PM
Sword Chen Taijiquan Second part

PLEASE CALL AND REGISTER EARLY.

Tel: 954-292-5717; 404-843-3276

Email: szondinstitute@hotmail.com

WORKSHOP LOCATION: HAMMOND PARK & GYMNASIUM
705 HAMMOND DRIVE
SANDY SPRINGS GA, 30328

SZONDI MARTIAL ARTS & FITNESS INSTITUTE

954-292-5717

Email: szondinstitute@hotmail.com

www.taijiinstitute.com

REGISTRATION FORM

SWORD CHEN STYLE TAIJIQUAN

M/MS/MRS. _____

ADDRESS _____

EMAIL _____

CURRENT SCHOOL _____

SCHOOL ADDRESS _____

YEARS EXPERIENCE _____

PRICING OPTIONS

Friday Special	\$55.00
One Full Day: Saturday or Sunday	\$150.00
Both Full Days: Saturday & Sunday	\$225.00
FULL SEMINAR before MAY 23, 2010	\$250.00
after MAY 23, 2010	\$275.00
Private lesson	PLEASE CALL TO SCHEDULE

PAID BY Cash

Check

Please make checks/payments to:
Szondi Martial Arts & Fitness Institute

Signature: _____

Date: _____

SPORT PARTICIPANT RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

Please read and be certain you understand the implications of signing.

Release of Liability: I, the undersigned, knowingly and without duress, do hereby acknowledge the existence of certain risks inherent in any health or martial arts training, and hereby agree and assume all risks of personal, physical, and/or mental disabilities, injuries and/or losses, which may occur on or about the premises of SMAFI, and not caused by or resulting from the negligence of the owners, its employees, and/or persons in charge of SMAFI. I further agree to hold harmless and releases the property owner, SMAFI, its owner, staff and management, and fellow students/participants from any liability for damages resulting from any loss due to theft or injury to my person or property. By acting for myself, personal representatives, and assignees, I hereby release SMAFI, its affiliates, its agents, and its employees and contractors and all other related members from all claims, actions, suits, controversies, and claims at law or in equity by stand that there is a risk of injury in all activities. I assume full responsibility for my actions, during and in connection with SMAFI and its affiliates. I fully understand that any medical treatment given to me will be of first aid type only, and I consent to such emergency treatment if deemed necessary. I assume full legal responsibility for the use of learned martial arts techniques outside the training perimeters approved by SMAFI. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the releasees, other than what is set forth in this Agreement.

Representation: Student hereby represents that he or she is physically fit to participate in SMAFI fitness and health and/or martial arts training, and that this is the entire agreement of the parties and that no oral or written representation has been made to student except those expressly stated in this Agreement.

Miscellaneous Terms and Conditions

This agreement shall apply to any and all injury, disability, death, or loss or damage to person or property occurring at any time after the execution of this agreement. This release shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall be enforceable. Participant agrees that any pictures that are taken during SMAFI events may be used by SMAFI for the purposes of promoting the institute including but not limited to brochures, flyers and websites. Participant further consents that any photos furnished by the undersigned, or any photos/ videos taken of the undersigned in connection with SMAFI and affiliates be used for publicity or television, and waives all compensation in regards thereto.

Signature of Adult Participant Name of Adult Participant (Please Print) Date

FOR PARTICIPANTS OF MINOR AGE: This is to certify that I, as Parent, Guardian, Temporary Guardian with legal responsibility for this participant, do consent and agree not only to his/her release of all Releasees, but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

Signature of Parent or adult legal Guardian if Name of Parent or adult legal Guardian (Please Print)
Participant is a Minor, and by their signature, they on my behalf release all claims that both they and I have

Name of Minor (Please Print) Date