



## FY 2016 AEA TAI CHI CLUB MEMBERSHIP FORM

1) PERSONAL  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_ MAIL STOP: \_\_\_\_\_

2) DUES (Circle one)  
AEROSPACE: \$15  
RETIRED AEROSPACE: \$15 Date paid: \_\_\_\_\_  
AIR FORCE: \$15 Treasurer's initial: \_\_\_\_\_  
ASSOCIATES: \$20  
#Associates are Non-Aerospace, Non-Air Force Military or Civilians, Friends and Relatives of club members.

3) BACKGROUND INFORMATION (Optional). Please help us make this club an organization that better suits the members. Write your response on the back side of this form. If you are renewing your membership, take a moment to tell us what changes you would like to see in the Club. If you are a new member, please state briefly how you became interested in Tai Chi, your experience with Tai Chi, other martial arts, or meditative practices, what you hope to gain from this club and Tai Chi Chuan (i.e., health, exercise, mediation, martial art, etc.).

4) RELEASE AND INDEMNIFICATION

I, (print) \_\_\_\_\_, acknowledge that I have voluntarily applied to receive instruction in Tai Chi Chuan, a Chinese martial art and exercise regimen, from Tai Chi Club instructors through classes offered by the Tai Chi Club. I am aware that Tai Chi Chuan involves physical activity and inherent risk of injury and that my participation therein could lead to physical injury. I am voluntarily participating in this activity with full knowledge of the possible risks and dangers involved.

In consideration of being permitted to participate in Tai Chi Chuan classes sponsored by the Tai Chi Club of the Aerospace Employees' Association (AEA), I hereby agree to the following:

**I AGREE TO ASSUME FULL RESPONSIBILITY** for any risk of bodily injury, death or property damage arising out of or in connection with my participation in the Tai Chi Chuan classes.

**I AGREE TO RELEASE** the Tai Chi Club, its instructors, and the AEA from and against any and all liability arising out of or in connection with my participation in the Tai Chi Chuan classes on account of bodily injury, death, or property damage, whether caused by the negligence or any act or omission of the Tai Chi Club, its instructors, or the AEA.

**I FURTHER AGREE TO INDEMNIFY, DEFEND, AND HOLD HARMLESS** the Tai Chi Club, its Instructors, and the AEA from and against any and all liability resulting from or in any manner arising out of my negligence or any act or omission while participating in the Tai Chi Chuan classes.

**I FURTHER AGREE THAT THIS RELEASE AND INDEMNIFICATION** is intended to be as broad and inclusive as is permitted by the laws of the State of California.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

<p><b>Please make check payable to: AEA Tai Chi Club</b> <b>Return completed membership form to : C.T. Chu, M2/248</b></p>
--

**Mailing Address:**

The Aerospace Corporation  
P.O. Box 92957  
Los Angeles, CA 90009-2957  
ATTN: C.T. Chu, M2/248