



加拿大糖尿病協會多倫多華人分會，誠邀您與您的朋友一起來參在2018年9月舉辦的太極氣功班。太極拳的招式易學易懂，並且具有自然舒緩的特點。無論您是糖尿病患者與否，太極拳都是一項有益身心、強身健體的鍛煉。本次太極氣功班將由本分會的顧問醫生，郭詠觀醫生，擔任太極導師。郭醫生同時是一名認證太極拳導師。他工作之餘付出時間義務為本會教授太極班，實在是一個不可多得的機會。本次太極氣功班名額有限，希望您不要錯過這個鍛煉身體的良機。

### 課程安排：

2018年9月5日至12月12日。每週三晚上7:30-9:00上課，共13節課。(請注意：11月21, 28日兩堂，將會取消。)

- 本班將教授太極氣功十八式及由中國國家體育協會創編的二十四式簡易太極拳，無論您是初學者，還是具有一定基礎而想獲得新的啟發，我們都歡迎您參與！
- 授課語言：廣東話

### 截止報名日期：

2018年8月22日，名額有限，欲報從速。

**課程費用：**每位 \$45

### 課程地點：

105 Gibson Centre, Gibson Drive  
Markham ON, L3R 3K7  
(近TTC 53E和68路車站)

### 注意事項：

- 本此課程只限會員(18歲以上)報名。如果您是非會員并有興趣參與本班，請填寫會員申請表並隨太極班報名表一起寄回本分會。
- 請確保您在課程開始前1小時之內進食過，並攜帶足夠的水和零食。
- 請於課程開始前10分鐘到達場館並穿著舒適便於運動的衣著和鞋履。
- 請務必攜帶可以更換的室內鞋。
- 請於報名表中留下您的聯繫方式，以便我們通知您任何因天氣原因造成的課程變更。

### 報名詳情：

如欲查詢有關資料，請致電加拿大糖尿病協會多倫多華人分會(電話：416-410-1912)。

報名支票抬頭請寫上：

Diabetes Canada – Toronto Chinese Chapter

- 報名表格連同支票須於2018年8月22日前寄回本分會：  
Diabetes Canada– Toronto Chinese Chapter  
P. O. Box # 42071  
2851 John Street, Markham, Ontario, L3R 5R7
  - 每位參加者必須於報名表格上簽妥「免責聲明」，並附上聯絡方式。
  - 本分會將於2018年8月29日前以電話聯絡閣下以通知作實。一經確定，恕不退款。如閣下於此日期前尚未收到通知，請即與本分會聯絡。
- 如欲申請成為會員，請登入本會網站 [www.diabetes-chinese.ca](http://www.diabetes-chinese.ca) 下載會員申請表格，填妥後 並連同太極班表格及支票一併寄回本會辦理。

姓 Surname	名 Given Name	會員號碼 Membership No.	新會員(✓) New Member	住址或電郵地址 Address or E-mail	聯絡電話 Contact No:
			參加人數 Total number of participants	支票總額 Total cheque amount	\$

\*新會員請填寫會員申請表，並與此報名表一起寄回本分會。

## 免責聲明

根據加拿大法律規定，「免責聲明」必須以英文書寫。以下為英文版的「免責聲明」。

**THIS AGREEMENT** is made by the undersigned (which shall bind his heirs, assigns and personal representatives) in favour of Diabetes Canada – Toronto Chinese Chapter and all its committee members, advisors, officers, agents, employees, volunteers, sponsors and patrons (hereinafter collectively called the “Association”). NOW BY THIS AGREEMENT:

1. In consideration of the Association accepting the undersigned as its member/visitor, the undersigned hereby COVENANTS with the Association that the undersigned shall waive all his right and claims against the Association for damages or otherwise with regard to his injury, illness or death or loss or damage to his property that may arise from participating or in connection with any activities organized by the Association including but not limited to qigong class -or practice, outings and social functions such as karaoke singing and shall further keep the Association fully and effectually indemnified against all actions, proceedings, accounts, claims or demands (and all costs and expenses incurred in connection therewith) which may be brought or made or threatened to be brought or made by the undersigned or any person relating to the aforesaid.
2. The undersigned agrees that he will consult his own physician and obtain such necessary medical advice as may be appropriate before joining any activities of the Association.
3. For the purposes of this Agreement, (where the context permits) any gender shall mean and include all other genders and the singular shall mean and include the plural and vice versa.
4. The undersigned confirms that he has read and fully understands the contents herein and has obtained appropriate legal advice upon the request of the Association to consult his own lawyer before signing this Agreement.

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_  
 (日期) (正楷姓名) (簽名)

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_  
 (日期) (正楷姓名) (簽名)

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_  
 (日期) (正楷姓名) (簽名)

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_  
 (日期) (正楷姓名) (簽名)

\*根據法律要求，請務必用英文填寫正楷姓名 (Print Name) 一欄。