



Dear Participant,

Welcome and thank you for joining the Tai Chi for Arthritis Workshop! We are excited to have you participate with us and others in the community as we begin our journey to improve movement and reduce falls. Enclosed in this packet you will find some information to help you be successful in the workshop and help us gather information about our participants so we can work to secure future funding.

- **[Participant Registration Packet](#)** – (includes a Registration Form, Notice of Privacy Policy and Liability Waiver) sign and return all documents to remain in the workshop
- **[Pre-survey](#)** – complete and return with the Participant Registration Packet
- **[Media Release](#)** – sign and return with the Participant Registration Packet
- **[Post-survey](#)** – complete and return at the conclusion of the workshop
- **Two pre-stamped return envelopes** – one to return the Participant Registration Packet, Pre-survey and Media Release; the other to return the Post-survey

Thank you for taking a few minutes to answer some brief questions. While you may leave any questions blank on the survey, we encourage you to complete it. Summarized information from all participants will help us demonstrate how this program is serving people. Your responses are extremely helpful.

Illinois Pathways to Health by AgeOptions is committed to protecting your privacy. The Privacy Policy states how we will use your information and our HIPPA secure practices for both data collection and retention. Please sign and return upon receipt of the document.

The Liability Waiver confirms that you are participating in the workshop at your own risk and AgeOptions is not held liable. Please sign and return upon receipt of the document.

If you have any questions about the surveys or forms, please ask your facilitators or contact the Health Promotion Team at AgeOptions at (800)699-9043 or email [info@ilpathwaystohealth.org](mailto:info@ilpathwaystohealth.org).

Welcome and thank you for participating!