

Bigu Registration Form

For Qigong Fasting Class (March 27-30, 2020)

Full Name (first, mi, last)	
Mailing address (optional)	
Email address:	
Contact Telephone:	Home: _____ Cell: _____
Emergence contact info (name and phone #)	
Where did you hear about this Qigong fasting class?	<input type="checkbox"/> Friends/family <input type="checkbox"/> In Dr. Chen's class <input type="checkbox"/> Flier/Email <input type="checkbox"/> Facebook/Online <input type="checkbox"/> Referred by _____
What are your reasons for coming to fasting class (check all that apply)	<input type="checkbox"/> Be curious about fasting, want to experience it <input type="checkbox"/> For general health and well-being <input type="checkbox"/> For help with symptom reduction, healing and recovery <input type="checkbox"/> Other _____
Your main health concern or complains (if any):	
Comments/ Question?	
Select a payment plan (<input type="checkbox"/> 10% discount for UMB/UMROI employee, student & senior 65+)	<input type="checkbox"/> \$200 Regular registration <input type="checkbox"/> \$180 UMB employee, Senior or Students (10% off) <input type="checkbox"/> \$140 Repeated Participant (attended previous workshop) <input type="checkbox"/> \$50 Deposit only (non-refundable), balance due onsite.
Total Payment Enclosed	\$ _____ (check or money order)
Make check payable to: Kevin Chen	Mail to: c/o Jeri Hermerlein, 6095 Cedar Wood Drive Columbia, MD 21044
Agreement of Release and Waiver of Liability	
<ul style="list-style-type: none"> ❖ I am voluntarily participating in the Qigong fasting class offered by Dr. Kevin Chen, during which I will receive information and training regarding maintaining good health and developing self-healing capability. I understand that this class is not intended to offer treatment or provide specific medical advice to any participant. ❖ I understand that it is my responsibility to consult with my physician prior to and and regarding my participation in this class. ❖ I agree to assume full responsibility for risk or damages, known or unknown, which I might incur as a result of participating in the class and subsequent self-practice. ❖ To participate in this class, I knowingly, voluntarily and expressly waive any claim I may have against Dr. Kevin Chen, Jeri Hermerlein, and the UM Rehabilitation & Orthopedic Institute, for injury or damage that I may sustain as a result related to participating in the class. ❖ I have read the above release waiver of liability and fully understand its contents. I voluntarily agree to its contents and to the terms and conditions stated above. 	
Signature :	Date:

Note: Registration is invalid without signature or deposit payment. Thank you!