

Bigu Registration Form

For Online Qigong Fasting Workshop (March 10-13, 2022)

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| 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 the Qigong fasting class? | <input type="checkbox"/> Friends/family <input type="checkbox"/> In Dr. Chen's class <input type="checkbox"/> Web/Email <input type="checkbox"/> Facebook/Online <input type="checkbox"/> Referred by _____ |
| What are your reasons for coming to the 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 (specify) _____ |
| 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 Early-bird registration (before Feb. 28, 2022) <input type="checkbox"/> \$130 Early-bird repeated student (attended previously) <input type="checkbox"/> \$250 Regular registration (after Feb. 28, 2022) <input type="checkbox"/> \$40 Deposit only (non-refundable), balance due later. |
| Total Payment Enclosed | \$ _____ (Paypal, Zelle, check or money order) |
| Paypal to: Qigong4us@QQ.com ; Zelle transfer to: Qigong4us@hotmail.com | |
| If make a check payable to: Jeri Hemerlein | Mail to: Jeri Hemerlein, 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 health and self-healing capability. I understand that this is not intended to offer treatment or provide medical advice to any participant. ❖ I understand that it is my responsibility to consult with my physician prior to 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. ❖ I knowingly, voluntarily and expressly waive any claim I may have against Dr. Kevin Chen, and Jeri Hemerlein, 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!