

# Bigu Registration Form

For Online Qigong Fasting Workshop (July 7~10, 2022)

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 June 25, 2022) <input type="checkbox"/> \$130 Early-bird repeated student (attended previously) <input type="checkbox"/> \$250 Regular registration (after June 25, 2022) <input type="checkbox"/> \$40 Deposit only (non-refundable), balance due later.
Total Payment Enclosed	\$ _____ (Paypal, Zelle, check or money order)
Paypal to: <a href="mailto:Qigong4us@QQ.com">Qigong4us@QQ.com</a> ;    Zelle transfer to: <a href="mailto:Qigong4us@hotmail.com">Qigong4us@hotmail.com</a>	
If make a check payable to: Jeri Hemerlein	<b>Mail to:</b> Jeri Hemerlein, 6095 Cedar Wood Drive Columbia, MD 21044
<b>Agreement of Release and Waiver of Liability</b>	
<ul style="list-style-type: none"> <li>❖ 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.</li> <li>❖ I understand that it is my responsibility to consult with my physician prior to and regarding my participation in this class.</li> <li>❖ 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.</li> <li>❖ 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.</li> <li>❖ 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.</li> </ul>	
Signature:	Date:

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