

Bigu Registration Form

For Qigong Bigu Workshop On-site and Online (March 16~19, 2023)

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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 _____ |
| Your main health concern or complains (if any): | |
| Comments/ Question? | |
| Select a payment plan <input type="checkbox"/> 10% discount for UMB employee, student & senior 65+ For group discount, please pay \$50 deposit first | <input type="checkbox"/> \$360 Early-bird on-site regular (by March 3, 2023) <input type="checkbox"/> \$240 Early-bird on-site returned students (by March 3) <input type="checkbox"/> \$400 On-site regular registration (after March 3) <input type="checkbox"/> \$260 Early-bird online registration (by March 3, 2023) <input type="checkbox"/> \$140 Early-bird online repeated student (by March 3) <input type="checkbox"/> \$300 Online regular registration (after March 3) <input type="checkbox"/> \$50 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: Kevin Chen | Mail to: Kevin Chen, 6416 Loring Drive Columbia, MD 21045 |
| Agreement of Release and Waiver of Liability | |
| <ul style="list-style-type: none"> ❖ I am voluntarily participating in the Qigong Bigu workshop offered by Dr. Kevin Chen, during which I will receive information and training regarding 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 Hermerlein, 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!