

# Bigu Registration Form

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

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/UMROI employee, student & senior 65+) For group discount, please pay \$40 deposit first	<input type="checkbox"/> \$350 Early-bird <b>on-site</b> regular (by March 3, 2023 ) <input type="checkbox"/> \$240 Early-bird <b>on-site</b> returned students (by March 3) <input type="checkbox"/> \$400 <b>On-site</b> regular registration (after March 3) <input type="checkbox"/> \$250 Early-bird <b>online</b> registration (by March 3, 2023 ) <input type="checkbox"/> \$140 Early-bird <b>online</b> repeated student (by March 3) <input type="checkbox"/> \$300 <b>Online</b> 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: <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: Kevin Chen	<b>Mail to:</b> Kevin Chen, 6416 Loring Drive Columbia, MD 21045
<b>Agreement of Release and Waiver of Liability</b>	
<ul style="list-style-type: none"> <li>❖ 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.</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 Hermerlein, 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!