

Registration Form

For Qigong Fasting Class (October 4-7, 2017)

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 class <input type="checkbox"/> Flier <input type="checkbox"/> website /email <input type="checkbox"/> Other _____
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 employee, students & seniors 60+)	<input type="checkbox"/> \$140 (\$110) Pre-registration before Sept. 27, 2017 <input type="checkbox"/> \$160 (\$130) registration after Sept. 27, 2017 <input type="checkbox"/> \$50 Deposit only (non-refundable), balance due at first class meeting (October 4).
Total Payment Enclosed	\$ _____ (cash, check or money order)
Make check payable to: <u>Kevin Chen</u>	Mail to: 6416 Loring Dr. Columbia, MD 21045 Or Pay with Paypal to Qigong4us@QQ.com
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 or healthcare professional 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. ❖ To participate in this class, I knowingly, voluntarily and expressly waive any claim I may have against Dr. Chen, University of Maryland, and the UMROI, 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!