

Bigu Registration Form

For Daoist Bigu Workshop On-site or Online (November 19~23, 2025)

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"/> \$500 Early-bird on-site regular (by Oct 25, 2025) <input type="checkbox"/> \$360 Early-bird on-site returned students (by Oct 25) <input type="checkbox"/> \$550 On-site regular registration (after Oct 25) <input type="checkbox"/> \$300 Early-bird online registration (by Oct 25) <input type="checkbox"/> \$150 Early-bird online repeated student (by Oct 25) <input type="checkbox"/> \$360 Online regular registration (after Oct 25) <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 ❖ 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 associates 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!