

Registration Form

For 2017 GuolinxinQigong Wuyishan English Camp

(Please print clearly)

Full Name (first, mi, last)			
Mailing address (optional)			
Email address:			
Contact Telephone:	Home:	Cell:	
Emergence contact (name and phone #)			
Where did you hear about this camp?	<input type="checkbox"/> Friends/family <input type="checkbox"/> Flier <input type="checkbox"/> Dr. Chen Class <input type="checkbox"/> Website/email <input type="checkbox"/> Other _____		
Nationality (by passport)		Passport #	
Date of Birth		Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Preferred lodge	<input type="checkbox"/> Shared room <input type="checkbox"/> Single/private room		
Your main health concerns or complains			
Dietary concern or request			
Any question or comment			
Total Payment Enclosed	US\$ _____ (minimum \$200 deposit required) <input type="checkbox"/> check <input type="checkbox"/> Money order <input type="checkbox"/> Online payment		
Make check payable to: Kevin Chen	Mail to: 6416 Loring Dr. Columbia MD 21045 (USA) Or Pay it online, by Paypal to Qigong4us@hotmail.com		
<u>Disclaimer and Liability Waiver</u>			
<p>❖ I _____, voluntarily participate in the 2017 GuolinxinQigong Wuyishan English Camp. I agree to consult my physician about my medical condition for participation in this camp. The Guolin Disciple Xinqigong Therapy Research Association, and Dr. Kevin Chen are not liable for any of my decisions or conditions. I understand that I am responsible for my own choices.</p> <p>❖ The purpose of this camp is to teach qigong and health practices, and help support participants in developing their own self-healing abilities. I understand that this camp is not intended to offer any specific medical treatment or recommendations for any individual.</p> <p>❖ I hereby assume all responsibility for risk of injury, physical symptoms, discomfort, and/or subsequent conditions while participating in this camp, and in self practice after the camp. I agree to release master Jian Wang, teacher Fanny Fan, Dr. Kevin Chen, the Guolin Disciple Xinqigong Therapy Research Association, the Wuyishan City Pengzu Culture Health and Longevity Institute and the Tianyou Villa from all liabilities. I also agree to indemnify and hold harmless to all parties mentioned above.</p> <p>❖ This agreement is binding upon myself, my family, my successors in interest, and any person acting on my behalf.</p>			
Signature :	Date:		

Note: Registration is incomplete without signature and deposit payment. Thank you!