

MONTHLY MEDITATION – First Saturdays

CHINESE HEALING & MOVEMENT ARTS – Registration Form

Name _____ Date _____

Address _____
street city state zip code

Email address _____ Phone number (____) _____

Please describe medical or other concerns the instructor should be aware:

In case of emergency,
please contact _____ Phone number (____) _____

How did you find out about this workshop? _____

I understand that this workshop contains physical activity and therefore the possibility of personal injury. I will personally assume all risks while participating in this workshop, and release Debbie Leung, Chinese Healing & Movement Arts LLC, and Mary Solberg, the instructor, from any harm, injury, or damage that I may experience, whether foreseen or unforeseen, during the workshop or in the future from the skills or information presented.

I also understand and agree that there are no guarantees or warranty regarding any health or other claims made during these classes and release liability regarding any such claims.

I further state that I am legally competent to sign this affirmation and release and that I am signing this document as my own free act. I have fully informed myself of the contents of this affirmation and release.

Signature _____ Date _____
(parent or guardian if under age 18)

If you are not currently enrolled in a class, please bring the completed registration form with you to your first meditation session or mail it to:

Chinese Healing & Movement Arts, P.O. Box 1153, Olympia, WA 98507.

This form is not necessary for current students. For more information, contact Debbie Leung (ChineseArts-Oly@comcast.net, 360-402-4305) or visit <http://www.chinesearts-oly.com/special-events.html>.