



2017 Workshop taught by Dr. Yang Jwing-Ming with Kathy Yang

Medical Qigong



Name: _____ Date of birth: ____/____/____

Best way to contact me: Home Work Cell (____) _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Do you have any health or medical concerns (past or present)? _____

Do you have any Qigong experience (not required)? _____

How did you find out about this course? _____



April 1 & 2, '17
Sat.: 10a-1p, (lunch) 3-6p
Sun.: 9a-12p, (lunch) 2-5p

Weekend Qigong	Member *	Non-Member
By 4/1	<input type="checkbox"/> \$ 299	<input type="checkbox"/> \$ 339
Day of <i>Space permitting</i>	<input type="checkbox"/> \$ 329	<input type="checkbox"/> \$ 369

*Non-refundable and non-transferable 7 days before workshop.
 All refunds subject to a 10% processing fee.*

The following **suggested reference materials** may be pre-ordered:

- Meridian Qigong:** DVD \$ 38 Reg. \$42.45 Book \$ 19 Reg. \$21.20
 - 8 Pieces of Brocade:** DVD \$ 33 Reg. \$37.15 Book \$ 16 Reg. \$18.00
 - 5 Animal Sports Qigong:** DVD \$ 38 Reg. \$42.45
- includes MA sales tax*

TOTAL \$ _____

Online Registration Available:
www.YangsAndover.com

Dr. Yang will also offer
Two (3)- Hour Workshops:



PUSH HANDS
 Understanding
 Listening Jin



~ AND ~

CHIN NA
 Joint Locks

Tai Chi Ball Qigong



Details at: www.YangsAndover.com

**For non-member Group Discount,
 call and ask for Alex.**

* Must be actively enrolled in a Tai Chi/Kung Fu regular program at YMAA Andover or at a YMAA affiliated school ~ or ~ is an active Yang's Fitness Center member at the time this course takes place.

**Register in person, via phone (978.475.2020) with a credit card or MAIL to: Yang's Martial Arts
 P.O. BOX 1894, Andover, MA 01810**

Check enclosed

Charge credit card #: _____ Exp: _____ SIC Code: _____

Name on Card: _____

WAIVER OF LIABILITY

In consideration of services to be received as a participant on these premises, the undersigned hereby releases and forever discharges Bodies In Motion, Inc. d/b/a Yang's Martial Arts Assoc. and Yang's Fitness Center (Yang's), it's heirs, successors, administrators and assigns from any and all actions, cause of actions, liability, claims and demands upon or by reason of any damage, loss, injury or suffering known and unknown which may be sustained by participants named above in connection with and in the course of receiving the Yang's training and techniques on these premises, from the instructor or instructors, staff, official or employees of this association or any fellow students on the premises in connection therewith and within the course of taking training or lessons for the purpose designed in this application. He/She hereby waives all his/her rights to claims, actions, cause of action, demands for suit of loss, injury, damage, or suffering sustained as a result of anything other than gross negligence on the part of Yang's. As a precondition to admission, the undersigned represents that he/she is physically fit to participate in such training and techniques offered at Yang's. NOTE: All participants should consult with a physician prior to entering an exercise program or upon any changes in your health.

Signature (Parent/Guardian if under 18) _____ Date ____/____/____

OFFICE USE:
 Date rec'd ____/____/____ \$ ____ via ____ taken by ____