



# 2018 Workshops with Dr. Yang Jwing-Ming in Andover



## Two - (3) Hour Workshops: (1) Sword Basics (2) Push Hands and Chin Na

Name: \_\_\_\_\_

Best way to contact me:  Home  Work  Cell (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you have any health or medical concerns (past or present) that we should know about? \_\_\_\_\_

How did you find out about this course? \_\_\_\_\_



### **SWORD BASICS** **Tuesday, Apr. 10, '18 6 - 9 pm**

3-Hour Workshop

- Registration .....\$ 109

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  - Wooden Sword ..... \$ 29  
*tax included*
- Wooden Sword is required for this course.*



### **PUSH HANDS & CHIN NA**

**Friday, Apr. 13, '18 6 - 9 pm**

3-Hour Workshop

- Registration .....\$ 109



*Some martial arts experience required.*

For registration info on Dr. Yang's 12-hour weekend workshop:

## Taijiquan 13 Postures & Energies

Visit [www.YangsAndover.com](http://www.YangsAndover.com) for details.

REGISTRATION TOTAL:	
Sword Basics .....	\$ _____
Wooden Sword .....	\$ _____
Push Hands & Chin Na .....	\$ _____
<b>Total Due to Register .....</b>	<b>\$ _____</b>

*Non-refundable and non-transferable 7 days before workshop. Future workshop credit may be granted for absences due to medical reasons with a physician's note and under no other circumstances. All refunds subject to a 10% processing fee.*

**Register in person, online: [www.YangsAndover.com](http://www.YangsAndover.com), via phone (978.475.2020) with a credit card or MAIL to: Yang's Martial Arts, PO 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 \_\_\_