



Fall '17 Workshops with Dr. Yang Jwing-Ming in Andover



Two - (6) Hour Workshops:

- (1) Qigong Meditation (aka Small Circulation)
- (2) 8 Simple Qigong Exercises (aka 8 Pieces of Brocade)

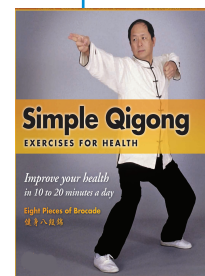
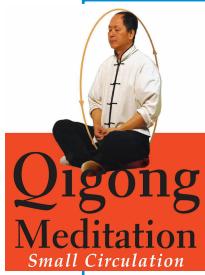
Name: _____ Date of birth: ____/____/____

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

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

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

How did you find out about this course? _____



		Member *	Non-Member
Qigong Meditation aka Small Circulation Saturday, Sept. 30 10a-1p, 3-6 p	Save! By 6/15	<input type="checkbox"/> \$ 139	<input type="checkbox"/> \$ 159
	After 6/15	<input type="checkbox"/> \$ 169	<input type="checkbox"/> \$ 189
8 Simple Qigong Exercises aka 8 Pieces of Brocade Sunday, Oct. 1 9a-Noon, 2-5 p	Save! By 6/15	<input type="checkbox"/> \$ 139	<input type="checkbox"/> \$ 159
	After 6/15	<input type="checkbox"/> \$ 169	<input type="checkbox"/> \$ 189

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

- 8 Pieces of Brocade: DVD \$ 33 Reg. \$37.15 Book \$16 Reg. \$18.00
- Qigong Meditation: DVD \$ 38 Reg. \$42.45 Book \$28 Reg. \$31.82
- includes MA sales tax*

Total Due

\$ _____

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



To schedule a 20-minute private Traditional Chinese Medicine Consult with Kathy Yang (\$20/session) email Diana at YangsAndover@aol.com or call 978.475.2020

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 ____