



Intro. to Qigong

Sunday, August 13 (11 am - 1 pm)



with Kathy Yang

Photo credit by Barking Rabbit Media, 2016

Name: _____

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

Non-members please complete the info section below.

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

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

Do you have any Tai Chi, Qigong or Yoga experience (not required)? _____

How did you find out about this course? _____

Member*	Non-Member
<input type="checkbox"/> \$ 49	<input type="checkbox"/> \$ 59



Workshop \$ _____

15-min. Private Consult \$ 20.00

Total \$ _____

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

15-minute Private Consultations with Kathy will be available on Aug. 13 between 10 - 10:40 am & 1:20 - 2:40 pm, \$20/consult.

To schedule a consult, call 978.475.2020 or email Diana at: YangsAndover@aol.com

**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 YFC member at the time this workshop is offered.*

Register in person, via phone (978.475.2020) with a credit card or by 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 ___