



INTEGRAL TAI CHI / MEDICAL QI-GONG CLASS



Registration Form

Last Name: _____ First Name: _____

Age: _____ Gender: ☐ Male ☐ Female

Address: _____

City: _____ Zip code: _____

Home phone: (____) ____-____ Cell Phone: (____) ____-____

Email: _____@_____

Emergency Contacts:

1. Name: _____ Phone: (____) ____-____

2. Name: _____ Phone: (____) ____-____

Signing up for: ☐ Integral Tai chi ☐ Medical Qi-gong

Reasons for joining the program:

- ☐ to become healthier
- ☐ to understand Integral Tai chi style
- ☐ other reasons : _____

Please list any illnesses or other medical conditions at the time you join this program:

Waiver Form

I, _____ agree to indemnify and hold harmless the Compassionate Service Society (CSS), Dharma Master Hang Truong (Ce), volunteers, Lotus Hands Acupuncture & Herbal Medicine, the owner of building at 11427 Jones Road, Houston, TX 77070 and participants from and against every expense, including attorney's fees, liability or payment by reason of any damages or injury to persons (including death) or property (including loss of use or theft thereof) arising out of or in connection with the Integral Tai-Chi/ Medical Qi-gong class, including use or occupancy of classroom, facility, or equipment provided that such damages or injury are caused in whole or in part by the Compassionate Service Society, Dharma Master Hang Truong (CE), volunteers, Lotus Hands Acupuncture & Herbal Medicine, the owner of building at 11427 Jones Road, Houston, TX 77070 or participants.

Signature

_____/_____/_____
Date (mm/dd/yy)