

Wu Healing Center
45 South Main St. Suite 100
West Hartford, CT 06107

Tui Na/Qi Gong/Tai Chi Class Registration Form

Personal Information:

Last Name: _____ First Name: _____ Gender: (circle one) M F

Cell Phone: _____ E-mail: _____ Date of Birth: _____

Street Address _____ Apt # _____

City _____ State _____ Zip Code _____

Emergency Contact Information:

Name: _____ Relationship: _____

Phone: _____

Reason(s) to join the class/Expectations:

This form covers all levels of Tui Na/Qi Gong/Tai Chi classes taught by Wu Healing Center

PLEASE READ THE SECTION BELOW AND SIGN:

I recognize and acknowledge that there are certain risks of physical injury to participants in these classes, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I may sustain as a result of said participation. I further agree to waive and relinquish all claims I may have (or which accrue to me) against Wu Healing Center, including its agents, volunteers and instructors as a result of participating in these classes.

I do hereby fully release and forever discharge Wu Healing Center from any and all claims for injuries, damages or loss I may have or which may accrue to me and arising out of, connected with or in any way associated with these classes.

I have read and fully understand the above waiver and release of all claims. If I am registering online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Signature: _____ Date: _____

Parent or Guardian: _____ REQUIRED, if participant under 18