

# Registration Form

## Qigong for Health and Healing

(Please print clearly)

Full Name (first, mi, last)	
Mailing address (optional)	
Email address:	
Contact Telephone:	Home: _____ Cell: _____ Work: _____ Other: _____
Emergency contact info (name and phone #)	
Where did you hear about this Qigong class?	<input type="checkbox"/> Friends/family <input type="checkbox"/> Flyer <input type="checkbox"/> CIM web site <input type="checkbox"/> Other _____
What are your main reasons for coming to Qigong class (check all that apply)	<input type="checkbox"/> Curious about what Qigong is <input type="checkbox"/> Stress management and general well-being <input type="checkbox"/> Help with symptom reduction and recovery <input type="checkbox"/> To become an mind-body energy healer <input type="checkbox"/> Other _____
Your main health concern or complains (optional):	
Select a payment plan ( <input type="checkbox"/> 20% discount for UMB/Kernan employee and seniors 60+ )	<input type="checkbox"/> \$12 a session, pay each class <input type="checkbox"/> \$35 for 3-class month <input type="checkbox"/> \$45 for 4-class month <input type="checkbox"/> \$90--\$100 for 3-month (check online for details)
Total Payment today	\$ _____ (online, cash or check _____)
<b><u>Disclaimer and Liability Waiver</u></b>	
<ul style="list-style-type: none"> <li>❖ I voluntarily participate in the medical Qigong class offered by Center for Integrative Health &amp; Healing (CIHH), taught by Dr. Chen. I am supposed to consult my physician about my condition and appropriateness for the class. CIHH is not liable for any of my decisions or conditions.</li> <li>❖ The purpose of the class is to maintain good health and develop self-healing capability, but not intended to offer treatment or give any specific medical advice to any individual</li> <li>❖ I hereby assume all responsibility for risk of injury, physical symptoms or discomfort, and subsequent conditions while participating in the Qigong class, and self-practice after the class. I agree to release Dr. Chen, CIHH and Center for Integrative Medicine at UMB from all liability for injury, illness, damage or other consequences. I also agree to indemnify and hold harmless to Dr. Chen and the Center for Integrative Medicine at UMB.</li> <li>❖ This agreement should be binding upon myself, successors in interest, and any person(s) suing on my behalf.</li> </ul>	
Signature :	Date:

UNIVERSITY of MARYLAND SCHOOL OF MEDICINE

## Center for Integrative Health & Healing

The clinical practice of the Center for Integrative Medicine

