



# WISE ORCHID TAIJIQUAN & QIGONG Class and Workshop Registration Form

Please print and bring this form with you to your first class or mail to:  
Wise Orchid Taijiquan & Qigong, 2002 E. Union St., Seattle, WA 98122  
Thank you for understanding that all fees, once paid, are non-refundable.

Name	Date
Address	
Phone	clearly print email
Emergency contact	their phone
What are you interested in gaining from your class experience?	
What previous experience to you have in martial arts, Tai Chi & Qigong, or mind body practices?	
Do you have any health concerns, allergies, physical limitations?	
How did you hear about this class?	
What Session, Location, Workshop, and dates are you registering for?	

## Registration

### Beginner's Package/4 classes in 1 month:

Individual \$75 or for Two \$120

<b>Annual</b>	Unlimited	\$1466
	Tuition: 2 class/week	\$1188
	1 class/week	\$842
<b>Quarterly</b>	Unlimited	\$385
	Tuition: 2 class/week	\$308
	1 class/week	\$220

<b>Drop In:</b>	10 Class Card	\$205
	20 Class Card	\$360
	Single Class	\$28

<b>Private Lessons:</b>	1 hour	\$99
	3 - 1 hour	\$275
	Extra person	\$25ea.

<b>Special Series/Workshops:</b>	
Intro to Tai Chi	\$120
Tai Chi for Seniors	\$120
Spiral Qigong 2-3 wk session	\$75/\$120
Other _____	\$ _____

**Total paid via check, cash, credit card**

\$ \_\_\_\_\_

## **Waiver of Liability & Appearance Release**

I recognize that there is a risk in participating in a Taiji, Qigong and/or martial arts class and do personally fully assume responsibility for this risk. Please note: Taiji, Qigong and martial arts classes involve physical activity, and may be too strenuous and demanding for certain individuals. It is suggested that if there are concerns, the participant consult a physician before engaging in these activities.

I waive and release any and all claims to damages I may have against the person(s) offering classes at Wise Orchid Taijiquan & Qigong, their employees, agents and representatives in classes in which I am applying to participate, for any and all injuries sustained during classes, whether or not damage or injury is sustained through negligence. I further waive and release any claim to damages I may have against the owner(s) (East Union Properties, Center for Movement & Healing, South Seattle Community College, Burien Community Center, Renton Senior Activity Center and West Seattle Senior Center) of any and all injuries sustained on their property or in any public location whether or not damage or injury is sustained through negligence.

I hereby consent to photography and video recordings for singular use or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other business purposes. I consent to my appearance being used without compensation for use in any and all media.

I further consent to the reproduction and/or authorization by Wise Orchid Taijiquan & Qigong to reproduce and use said photographs and video recordings, for use in all domestic and foreign markets.

I hereby release Wise Orchid Taijiquan & Qigong, and any of its associated or affiliated companies, their directors, officers, agents, employees and customers, and appointed advertising agencies, their directors, officers, agents and employees from all claims of every kind on account of such use.

I, \_\_\_\_\_ have read this release and approve of its terms.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_