

**Qigong Classes with Lauri McKean, LAC  
Registration Form - Spring 2012**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**I am registering for:**

- \_\_\_\_ Jade Woman Qigong: March 26 - April 30. \$60
- \_\_\_\_ Springtime Liver Cleanse Qigong: March 26 - April 9. \$30
- \_\_\_\_ Immune Boosting Qigong: April 16-30. \$30

Total Enclosed: \_\_\_\_\_ **Send registration form & check made out to Healing Point: PO Box 9381, Moscow, ID 83843.**

- Questions? Contact Lauri at 208-669-2287 or lm@healingpt.com
- Registration fees are non-refundable after the day of the first class.
- Registration confirmations will not be sent - simply show up to your first class.
- Any loose, comfortable clothing is appropriate for Tai Chi and Qigong classes. Whether you wear shoes, just socks or have bare feet is your preference. If you prefer to wear shoes, please bring an extra pair that are clean, dry and have flat soles.

**Health History**

Please include all pertinent information that may impact your ability to participate in exercise. (All information will be kept confidential.)

**Current medical conditions or illnesses:** \_\_\_\_\_

**Past illnesses or injuries:** \_\_\_\_\_

**Liability Waiver**

**The common sense understanding:** I understand that any type of activity or exercise has the potential to be harmful. While the instructor of these classes will make every effort to instruct me in how to perform each movement safely, I understand that ultimately I am responsible for my body and my actions. I will attempt to monitor my movements at all times and cease any activity that causes discomfort. Further, I will ask the instructor for immediate assistance should pain or discomfort arise.

**The legal jargon:** In consideration of being allowed to participate in the Tai Chi and/or Qigong Classes sponsored by Healing Point, LLC and located at 872 Troy Rd., Suite 160, Moscow ID 83843, I for myself, my heirs and assigns, do hereby waive, release, and forever discharge Healing Point, LLC, their employees and investors from injuries or damages resulting from my participation in these classes. I understand and am aware that any type of exercise is a potentially hazardous activity. I am voluntarily participating in these activities. I hereby agree to expressly assume and accept all risks of injury or death associated with any Tai Chi and/or Qigong Class of Healing Point, LLC. I hereby declare myself to be physically sound and suffering from no condition that would prevent my participation in Tai Chi and/or Qigong Classes. I acknowledge that I have either had a physical examination or been given my physician's permission to participate, or I have decided to participate in this activity without the approval of my physician, and do hereby assume all responsibility of such participation.

Name of participant or legal guardian:	Signature:	Date:
Witness:	Signature:	Date:

