



WISE ORCHID MARTIAL ARTS

TAIJIQUAN, QIGONG & KUNG FU REGISTRATION FORM

Please print and bring this form with you to your first class

WISE ORCHID MARTIAL ARTS, 1311 12TH AVE S., #C302, SEATTLE, WA 98144.

We thank you for understanding that all fees, once paid, are non-refundable.

| | | |
|--|--------------|-------------|
| NAME | | DATE |
| ADDRESS | | |
| CITY, STATE, ZIP | | |
| PHONE | EMAIL | |
| EMERGENCY CONTACT | PHONE | |
| Describe any health concerns, limitations or allergies: | | |
| What are you interested in gaining from your class experience? | | |
| Please describe any previous Tai Chi, Qigong &/or martial arts experience | | |
| How you heard about us: yelp, google search for _____, friend _____ or,? | | |
| I want to be added to your confidential email list for info on future classes and workshops Yes / No | | |
| Class you are interested in attending: | | |
| Beginner's Package: 4 classes \$60 (good for 1 month) 1 Class per week \$75/mo. or \$200/3 mo. 2 Classes per week \$115/mo. or \$280/3 mo. Unlimited Classes \$150/mo. or \$350/3 mo. Drop Ins: Single \$25, 10 class card \$180, 20 class card \$320 | | |
| Total Paid (cash, check, credit card or via Paypal online) | | \$ |

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 Martial Arts - Taijiquan, Qigong & Kung Fu, 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) 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 Martial Arts - Taijiquan, Qigong & Kung Fu to reproduce and use said photographs and video recordings, for use in all domestic and foreign markets.

I hereby release Wise Orchid Martial Arts - Taijiquan, Qigong & Kung Fu, 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: _____