

Please return this form with your payment (both pages)

REGISTRATION FORM

Workshops with Master William Ting October 12-13, 2019

**LOCATION: Lakeview Room, Beltrone Living Center
6 Winners Circle
Albany, NY 12205**

1. PERSONAL INFORMATION (Please print or type)

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Telephone_(_____) _____ Cell Phone_(_____) _____

Email _____

2. EMERGENCY CONTACT

Name _____

Relationship _____

Telephone_(_____) _____

Alternate Telephone_(_____) _____

3. WORKSHOP SCHEDULE

Saturday, October 12

Workshop: Fundamentals of Tai Chi – 9 AM – 12:00PM

Workshop: Bagua Fundamentals – 1:30 – 4:30PM

Sunday, October 13

Workshop: Wu Ji Jing Qigong – 9AM – 1PM

(over)

4. FEES

October 12-13 workshop package:

\$300 for the 2 workshops Saturday and the workshop Sunday
(\$325 if payment is received after October 2)

Individual Events:

Saturday workshops - \$210 for the day (\$230 after October 2)

Individual workshops - \$120 for any single one of the three workshops (\$130 after October 2)

Please indicate your selection:

Full Package (\$300 if paid by October 2; \$325 after October 2) \$ _____

Saturday Full-day (\$210; \$230 after October 2) \$ _____

Saturday – Fundamentals Workshop (\$120; \$130 after October 2) \$ _____

Saturday – Bagua Workshop (\$120; \$130 after October 2) \$ _____

Sunday Workshop (\$120; \$130 after October 2) \$ _____

Total Registration Fees Included \$ _____

Please make your check or money order payable to **Asian Arts Group, LLC**. Mail your check and registration form to:

*Asian Arts Group Tai Chi Center
28 Essex Street
Albany, NY 12206*

5. WAIVER/RELEASE

I, the undersigned, knowingly and without duress, do voluntarily submit this form to the Asian Arts Group, LLC and the Asian Arts Group Tai Chi Center for Study and Practice. I do hereby assume all risk of personal, physical, or mental disabilities, injuries or losses which may result from participating in these events, and acting for myself, my heirs, personal representatives, and assignees. I hereby release the Asian Arts Group, LLC and the Asian Arts Group Tai Chi Center for Study and Practice, their instructors, partners, officers, agents, representatives, servants, employees and all other related members from all claims, actions, suits, controversies, claims at law or in equity by reason of any matter, cause, or thing whatsoever that may hereafter sustain. I also understand that there is a risk of injury in all training and assume full responsibility for all my actions during and in connection with said workshop. I fully understand that any medical treatment given me will be of the first-aid type only, and I consent to such emergency treatment if deemed necessary. I further consent that any photos furnished by me, or any photos/videos taken of me in connection with the workshop can be used for publicity, promotion, or television, and I waive all compensation in regards thereto.

Signature _____

Date _____

**YOUR REGISTRATION IS NOT COMPLETE WITHOUT YOUR
SIGNATURE ABOVE**