

JOY BLACK

MEDICAL QIGONG & MIND-BODY PRACTICE

CLASS REGISTRATION FORM - Please print clearly. Fill in all blanks & bring with you to class.

Name _____

Email Address _____

City _____ State _____ Zip _____

Best Phone # to Contact You _____ Is this Mobile? _____ (I text in emergency)

Emergency Contact _____ Phone _____

Add you to my email newsletter list? _____ Yes _____ No (2-3 times/month; informational and inspirational)

Briefly describe your experience with any form of meditation:

Briefly describe your experience with any form of tai chi or qigong (chi-kung):

Do you have any health issue that might limit your ability to do tai chi or qigong/chi-kung movements? If yes, please describe:

Specific classes/workshops/events for which you are registering:

Title _____ Date _____ Cost _____

Title _____ Date _____ Cost _____

RELEASE FORM FOR ALL CLASSES / WORKSHOPS / RETREATS

I understand that any class/workshop/retreat for which I am registering is educational in nature and is not intended to cure me of any health issue. I also understand that I am responsible for notifying the instructor of any limitations I may have that may affect my class participation, and that even though the instructor will advise me of ways to adapt what is being taught to best fit my own capabilities, my participation in the class, workshop or retreat is by my own choice, and done at my own risk. I do not hold Joy Black liable in any way whatsoever for any discomfort or injury I may experience as a result of taking this class, workshop or retreat.

Print Your Name Clearly _____

Sign Your Name _____

Date _____