

## On-Site Registration Form

*Symposium for Integrative Health Tai Chi Retreat*

*Sept 8, 9, and 10, 2017*

*held at Maris Stella Retreat Center,  
Harvey Cedars, Long Beach Island, NJ*

More details and online payment can be found on <http://SyIHTQ.org>

### Registration Category:

- Participant – Onsite Registration

Name \_\_\_\_\_

Street Address and/or PO Box number \_\_\_\_\_

City \_\_\_\_\_ State or Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Health Practice, School, Club, Organization or other Affiliation \_\_\_\_\_

If you already know it, ID code (usually 6 letters and 3 numbers) \_\_\_\_\_

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

Promo code? \_\_\_\_\_

You can get a promo code from a teacher, school, or sponsoring organization. You can put it down to identify how you found out about the Festival, but you can no longer get the discount.

**Promocodes expired AUG 21 2017. Next year register before the expiration date.**

**Fill out form. If writing a check, make it out to:**

**HPL Institute, PO Box 564, Douglassville, PA 19518-0564.**

*Alternatively, you can provide the credit card information in the next panel.*

*For multiple registrations, please fill out multiple forms. If everything is exactly the same and you are just registering two people from the same household with one email address and phone, simply write the second name here and double the check. Both sign the waiver, please.*

**We are a 501(c)3 non-profit organization. EIN # 52-2328342**

All participants must sign waivers.

## Registration for Sept 8-10, 2017

Prices noted are walk-in prices. Next year, preregister at least a week prior to the Symposium in order to get discounts on registration fees.

- Symposium for Integrative Health & Tai Chi Retreat 3 Day Pass** (\$250)  
September 8-10, 2017. Includes all activities (but not meals, banquet, or backpack).
- Meals:** \_\_\_\_\_ All Meals (Fri to Sun Lunch [\$90]) (or choose specific meals below [\$16 each])  
Friday \_\_\_\_\_ Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_  
Saturday \_\_\_\_\_ Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ (Saturday banquet is listed separately below)  
Sunday \_\_\_\_\_ Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_
- Saturday Evening Banquet September 10, 2017, 5:30 PM (\$60)
- Symposium for Integrative Health & Tai Chi Retreat – Ala Carte**
- Presentations & Workshops - Friday Only – (Sept 8, 2017, 9 AM to 5 PM) (\$80)
- Workshops - Saturday Only - (Sept 9, 2017, 9 AM to 5 PM) (\$100)
- Workshops - Sunday Only – (Sept 10, 2017, 9 AM to 3:30 PM) (\$80)
- A single workshop (please list name, time & date: \_\_\_\_\_) (\$25)
- Backpack (\$35)
- Free Activities – open to the public (registration required) (\$0)**
- Push Hands Meet – Friday Evening, 8:00-9:30 PM
- Meditative Activities (please check those you plan to attend)  
Sunrise Qigong on the beach \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday  
Sunset Qigong on the bay \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday  
Friday evening Labyrinth walk \_\_\_\_\_
- Saturday Film Showing "Tai Chi and Cancer Care", & Talkback session.  
Dr. Penelope Klein share how the film was made after the showing on Sat, Sept 8 at 6:30 pm.
- Saturday Evening Reception (Saturday, Sept 9, 2017, 8 – 10 PM)

Sorry, no refunds. Your credit card will say **PAYPAL\* HPL501C3INS**. Please make a note of it so that you recognize the transaction when you receive your credit card statement.

### Payment Options:

Enclosed is payment in the amount of \$ \_\_\_\_\_

Check  Credit Card  Cash

Account # \_\_\_\_\_

MasterCard  Visa  Am Exp  Discover

Expiration Date \_\_\_\_\_

Code Number (3 or 4 digit number on back of card) \_\_\_\_\_

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

**Pricing Estimation Matrix.** Please circle the prices that you used in your calculation above. We may call in order to clarify your registration.

<b>Components</b> (Your own lodging - 10% discount available at sponsoring hotels)	<b>Ala Cartel/ Walk in Pricing</b>	<del> <b>Discounted Pricing - Registration prior to Sept 1</b> </del>
Three Day All Workshop Pass	\$250.00	<del>\$215.00</del>
Saturday evening Banquet	\$60.00	<del>\$15.00</del>
Other meals (Fri breakfast to Sunday lunch)	\$90.00	<del>\$90.00</del>
Commemorative Backpack	\$35.00	<del>\$20.00</del>
<b>Totals</b>	<b>\$435.00</b>	<del><b>\$340.00</b></del>
Full Body Massage	\$75.00	
Single workshop	\$25.00	

Any other details we should know? Any special dietary restrictions or handicap accessible needs?

(Please note that the beach is not handicap accessible; the dunes are very high and the only way to the beach is to walk over a steep incline. The bay is handicap accessible. The conference center is handicap accessible, but the on-site housing may not be.)

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# Waiver And Release Of Liability And Agreement to Participate

HPL 501c3 Institute Waiver Form

PO Box 564, Douglassville, PA 19518

www.HPL501c3.org 484-332-3331

IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN ANY WAY, INCLUDING TRAVEL TO AND FROM THE *Symposium for Integrative Health Tai Chi Retreat*, I hereby:

1. Acknowledge that I may be doing Martial Arts (including Taijiquan, Bagua, Xingyi, Push Hands, Sword, Staff, other weapons forms and other related activities including Yoga, Pilates, Qigong, etc. ) and understand the rules governing these activities and the importance of safety at all times.
2. Acknowledge and fully understand that I will be engaging in a contact sport that might result in serious injury; including permanent disability or death, and severe social and economic losses due to not only my own actions, inactions or negligence, but also to the action, inaction, or negligence of others. Further, I acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time.
4. Assume all risk and accept personal responsibility for the damages following such injury, permanent liability or death. I fully understand the risks involved in the event. I will not engage in activities that are beyond my capabilities or that might in any way be injurious to my health. I understand that this Symposium is not medical, does not prescribe therapy, and is not a replacement for my own physician's advice.
5. Release, waiver and discharge and covenant not to sue any of the organizing members or sponsoring organizations, their affiliated clubs, their respective administrators, directors, agents, teachers, and other employees or volunteers of the organization, event officials, medical personnel, other participants, their parents, guardian(s), supervisors and coaches, sponsoring agencies, sponsors, advertisers, and if applicable, owners, lessors, and lessees of premises used to conduct the event, all of whom are hereinafter referred to as "releasee", from any and all claims, demands, losses, or damages on account of injury, including permanent injury and death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.
6. I understand the photographs and videos will be taken of participants, and I agree to allow my likeness in either photo or video to be using for marketing purposes for any of the programs under or related to HPL501c3 Institute or any of the organizations involved in this event.

Parent(s) or legal guardian(s) of minor participants (age 17 or below) additionally agree that they instruct the minor participant to the above warnings and conditions and their ramifications, and that they consent to the minor's participation.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY AGREEING TO IT, AND KNOWING THIS, AGREE TO IT VOLUNTARILY. I AGREE TO PARTICIPATE KNOWING THE RISK AND CONDITIONS INVOLVED AND DO SO ENTIRELY ON MY OWN FREE WILL.

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

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