

Registration Form

*Symposium for Integrative Health Tai Chi Retreat
Sept 6, 7, and 8, 2019*

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

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

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.

Send form and payment to:

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

For multiple registrations, please fill out multiple forms.

We are a 501(c)3 non-profit organization.

Send payment with form in postal mail or email (Registration@Syihtq.org)
or pay online at <http://SyIHTQ.org>.

Registration for Sept 6-8, 2019

- Symposium for Integrative Health, Tai Chi & Qigong 3 Day Pass** (\$200)
September 6-8, 2019. Includes all activities and Sat meal.
 Saturday Evening Banquet September 7, 2018, 5:30 PM (included)

Symposium for Integrative Health, Tai Chi & Qigong – Ala Carte

- Potluck Dinner & Workshop - Friday Only – (Sept 6, 2019, 5:30 PM) (\$25)
 Workshops - Saturday Only - (Sept 7, 2019, 6:10 AM to 9:00 PM) (\$110)
 Saturday Evening Banquet September 7, 2019, 5:30 PM (\$35)
 Workshops - Sunday Only – (Sept 8, 2019, 6:10 AM to 3:30 PM) (\$75)

Onsite Lodging

- Onsite Lodging (shared rooms) for Friday and Saturday night (\$200).
 Onsite Lodging (shared rooms) for one night: circle Friday or Saturday (\$150).

Breakfast and Lunch are on your own and not included in pricing. Onsite lodging has a kitchen.

Total Amount from above.....

Promocode: _____ (\$50 off 3 day pass,
\$10 off Just Fri, Sat, or Sun), \$20 off for two of three (_____)

Total Amount Due.....

Send a check/money order made out to HPL Institute, or send in the registration with credit card information below and you will be sent a receipt. Refund (minus admin fee) for cancellations prior to August 25 only.

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 _____

**Payment must be received by August 25, 2018
or you will be asked to pay again at the door.**

Mail at least by August 17 to be sure we get it (our mail is very slow).
All participants must sign and return waiver (next page).

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 & Qigong*, 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 used 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: _____