

Mr. Zhong Zhen Shan's Taijiquan Workshops in 2019

SUMMIT TAI JI ACADEMY
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SummitTaiji@gmail.com

REGISTRATION & PAYMENT AGREEMENT (REVISED)

To register for the workshop(s) please fill out the forms and **sign all 3 pages**. Please send completed registration to Summit Tai Ji Academy via email to SummitTaiji@gmail.com or by mail with a full payment amount. If you choose to send your registration and payment separately, the payment must be received within 5 business days from when the registration form arrives. Otherwise, the registration will be considered invalid.

Workshop Locations, Dates and Registration Fees

- **Des Moines, IA Workshop Dates: 7/27-28/2019**
 - Please contact and register with Mr. Sunny Zhijun Xu: Email: WuTaiji18@yahoo.com Tel: 515-661-3691
- **Denver, CO Workshop Dates: 8/3-4/2019**
 - \$180 if registered before 7/7/2019; \$220 if registered before 7/27/2019; \$260 if registered after 7/27/2019 or at door
- **Seattle, WA Workshop Dates: 8/16-17/2019**
 - \$180 if registered before 7/15/2019; \$220 if registered before 8/5/2019; \$260 if registered after 8/5/2019 or at door

** Registration date is the date when the organizer receives participant's both registration forms and full payment.

** Regarding the details for each workshop, please visit website www.SummitTaiji.com.

** For *Instructor Discount* and *Group Participation Discount*, please contact the workshop manager for each location.

** For special requests regarding the workshop(s), please contact the workshop manager for each location.

Cancellation and Refund Policy

Cancellation request must be submitted and dated in writing with participant's full name and signature. Refunds are made according to the following schedule:

- If the workshop(s) are canceled by Summit Tai Ji Academy, a full refund will be offered with no fee.
- If the cancellation request is received by 30 days before the workshop date(s), a refund of 85% of the full payment will be made.
- If the cancellation request is received by 20 days before the workshop date(s), a refund of 70% of the full payment will be made.
- If the cancellation request is received by 10 days before the workshop date(s), a refund of 50% of the full payment will be made.
- If the cancellation request is received after 10 days before the workshop date(s), there will be *no* refund.

For further information please feel free to contact Summit Tai Ji Academy.

By signing my name below, I certify that I have read the above information. My signature also certifies my understanding of and agreement with the above policies. A photocopy of this document is as valid as the original.

>> _____ >> _____ >> _____
Participant's Name (PLEASE PRINT) Participant's or Responsible Party's Signature Date

If signed by Responsible Party, please provide below information:

>> _____ >> _____ >> _____
Responsible Party's Name (PLEASE PRINT) Relationship to Participant Witness

REGISTRATION & PAYMENT AGREEMENT

FULL NAME: _____ DATE OF BIRTH: _____ GENDER: _____

MAILING ADDRESS: _____

City: _____ Prov./State: _____ Zip Code: _____ Country: _____

TELEPHONE: (_____) _____ E-MAIL: _____

Marital Status or Taijiquan Level: _____ Physical Limitations: _____

Please provide at least one person name & telephone number to contact in case of emergency:

- **REGISTRATION FOR the Workshop in** **Denver, CO** **Seattle, WA**

- **PAYMENT INFORMATION:**

- **Payment Amount:** \$ _____

- **Payment Method:**

Credit Card Payment: Visa Mastercard Discover American Express

Card #: _____ Exp (MM/YY): _____ Security Code: _____

Name on Card: _____ Card Holders' Signature: _____

Billing Address: _____

City: _____ Prov./State: _____ Zip Code: _____ Country: _____

Check/Money Order Enclosed (no electronic check)

Please make the check payable to Summit Tai Ji Academy and send it to:

SUMMIT TAI JI ACADEMY, 6851 S Holly Cir, Ste 180, Centennial, CO 80112, U.S.A.

Chase QuickPay: Please send the payment to email: Zang.Health@gmail.com

By signing my name below, I certify that I have read the above information. My signature also certifies my understanding of and agreement with the above policies. A photocopy of this document is as valid as the original.

>> _____ >> _____ >> _____
Participant's Name (PLEASE PRINT) Participant's or Responsible Party's Signature Date

If signed by Responsible Party, please provide below information:

>> _____ >> _____ >> _____
Responsible Party's Name (PLEASE PRINT) Relationship to Participant Witness

INFORMED CONSENT AND LIABILITY WAIVER

RELEASE FORM

I hereby affirm that I am entering a course of instruction in physical fitness training. By enrolling in the course, seminar, and/or workshop I certify that I am cognizant of all of the inherent dangers of physical fitness, and the basic safety rules for activities connected herewith. I understand and agree that neither the course, seminar, and/or workshop nor the organizers, operators, agents, or instructors, including but not limited to Summit Tai Ji Academy, may be held liable in any way for occurrences in connection with my physical fitness and performance, which may result in injury, death or damages to me or my family, heirs or assignees. I further acknowledge and forever release Summit Tai Ji Academy, in connection directly or indirectly with my physical fitness, training and therapy as a result of my own negligence, which may result in injury, death, or damages to me or my family, heirs or assignees.

In consideration of being allowed to attend the workshop(s) I hereby personally assume all risks connected with the course, seminar, and/or workshop, and I further release the instructor(s), program, organizers, agents and operators, including but not limited to the persons mentioned for any injury or damage which may be incurred by me while I am enrolled in the fitness or performance course, seminar, and/or workshop, including all risks connected therewith, whether foreseen or unforeseen; and further to save and hold harmless the program and persons from any claim by me, or my family, estate, heirs, or assignees, arising out of my enrollment and participation in all classes.

I further state that I am of lawful age and legally competent to sign this aforementioned release; that I understand that the terms herein are contractual and not a mere recital; and that I have signed this document as my own free act. I have fully informed myself of the contents of the aforementioned and release by reading it before I sign, I have been advised to submit, at my own expense and time, to a medical examination to ensure myself, and assume my own responsibility of physical fitness and capability to perform under normal conditions of the fitness and exercise program, and am physically fit as tested by a medical examination.

I understand that Summit Tai Ji Academy and/or its partners who organize and operate the course, seminar and/or workshop may take photographs and/or videos of such events including my presence and performance and I acknowledge and permit Summit Tai Ji Academy to utilize such material for education, promotions and marketing and other business purposes.

IN WITNESS WHEREOF, I have executed the aforementioned and release at _____
Place / City, State, Country

>> _____ >> _____ >> _____
Participant's Name (PLEASE PRINT) Participant's or Responsible Party's Signature Date

If signed by Responsible Party, please provide below information:

>> _____ >> _____ >> _____
Responsible Party's Name (PLEASE PRINT) Relationship to Participant Witness