

Sifu Fong Ha Seminar Registration Form

Full Name of Participant:		
Street Address:		City, State, Zip:
Home Phone:	Work:	Mobile:
Email:		
Emergency Contact:		Phone:
Discovering Your Natural State, February 25 – 27, 2012 Whole weekend \$240 _____ Saturday or Sunday \$140 _____ please specify day		
<p>I the undersigned accept full responsibility for my own health and well-being. I recognize that participating in any activities, such as physical exercise, have inherent dangers and I will, and do not, hold any party (Sifu Fong Ha, Tao Health Clinic or others) responsible for my physical health or well-being. I hereby release Tao Health Clinic, Sifu Fong Ha, Unity Church of the Hills, Third Coast Martial Arts and all other responsible parties from any liability in regards to my participation in this seminar.</p> <p>Enclosed is a check for the full amount for the classes I intend to take. (You may also register online. If you pay online please bring this form, signed, to the workshop or mail it in indicating you paid online.) This fee includes a 20% non-refundable registration fee (included in the prices). There will be no refunds after February 12, 2012.</p> <p>Signature: _____ Date: _____</p>		

Please pay online or mail this form with a check or money order made out to Tao Health Clinic to:

Tao Health Clinic
11917-B Oak Knoll
Austin, Texas 78759