

*Please return this form with your payment*

## REGISTRATION FORM

### Workshops with Master C.P. Ong

May 17-18, 2014

*Events Location:*

**Asian Arts Group Tai Chi Center**

**28 Essex Street**

**Albany, NY 12206**

**518-489-1458**

**[www.AsianArtsGrp.com](http://www.AsianArtsGrp.com)**

**1. PERSONAL INFORMATION** (Please print or type)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone\_(\_\_\_\_\_) \_\_\_\_\_ Cell Phone\_(\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

**2. EMERGENCY CONTACT** [not needed if you are attending the lecture only]

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Telephone\_(\_\_\_\_\_) \_\_\_\_\_

Alternate Telephone\_(\_\_\_\_\_) \_\_\_\_\_

(over for more information)

**3. FEE STRUCTURE**

**May 17 lecture: No charge**

\_\_\_\_\_ I will be attending

**May 18 workshops:**

Introduction to Silk-Reeling: \$40, if paid by May 15 (\$45 at the door)

Incorporating Silk-Reeling Discipline: \$60 if paid by May 15 (\$65 at the door)

BOTH Workshops: \$90 if paid by May 15 (\$100 at the door)

Introduction to Silk-Reeling

\$ \_\_\_\_\_

Incorporating Silk-Reeling Discipline

\$ \_\_\_\_\_

BOTH Workshops:

\$ \_\_\_\_\_

**Total Registration Fees Included**

**\$ \_\_\_\_\_**

Please make your check or money order payable to **Asian Arts Group, LLC**. Mail your check and registration form to:

*Asian Arts Group Tai Chi Center  
28 Essex Street  
Albany, NY 12206*

**4. WAIVER/RELEASE**

I, the undersigned, knowingly and without duress, do voluntarily submit this form to the Asian Arts Group, LLC and the Asian Arts Group Tai Chi Center for Study and Practice. I do hereby assume all risk of personal, physical, or mental disabilities, injuries or losses which may result from participating in these events, and acting for myself, my heirs, personal representatives, and assignees. I hereby release the Asian Arts Group, LLC and the Asian Arts Group Tai Chi Center for Study and Practice, their instructors, partners, officers, agents, representatives, servants, employees and all other related members from all claims, actions, suits, controversies, claims at law or in equity by reason of any matter, cause, or thing whatsoever that may hereafter sustain. I also understand that there is a risk of injury in all training and assume full responsibility for all my actions during and in connection with said workshop. I fully understand that any medical treatment given me will be of the first-aid type only, and I consent to such emergency treatment if deemed necessary. I further consent that any photos furnished by me, or any photos/videos taken of me in connection with the workshop can be used for publicity, promotion, or television, and I waive all compensation in regards thereto.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**YOUR REGISTRATION IS NOT COMPLETE WITHOUT YOUR SIGNATURE ABOVE**