**Zhineng Qigong Science Holistic Health Retreat**

**Registration Form**1 – 5 September 2021

|  |  |
| --- | --- |
| **Full Name** |  |
| **Country you will be travelling from** |  |
| **Home Phone / Cell Phone** |  |
| **E-mail / Skype** |  |
| **Birthday** |  |
| **Are you intending to also attend the Zhineng Qigong Science Conference?** | [ ]  Yes, I will be attending the Zhineng Qigong Science Conference? |

**Important Information about the Venue**

|  |  |
| --- | --- |
| **Venue** | **Cyprus (EU) – Aphrodites Beach Hotel –** Room booking handled via Inside Travel, Germany – please refer to separate booking form |
| **Dates and Times** | **September 1 – September 5, 2021** (Arrive 30 August 2021)**07h00 - 08h00 (optional) 9h30– 12h00 | 14h30 – 17h30 | 19h30 – 20h30** |
| **Costs** | **Double Room:** € 70 per person per night including breakfast and dinner**Single Room:** € 90 per person per night including breakfast and dinner**Lunch:** approx. 10 Euro - 15 Euro per day, depending on your needs**Important:** Please complete the Inside Travel accommodation form, send it to them to book and secure your room and arrange your transfer from / to the airport.  |
| **How to get there:** | Please refer to booking confirmation and information from Inside Travel regarding Airports: either Paphos (45 min) or Larnaca (1,5 hrs) – kindly arrange the transfer from and to the airport with Inside Travel.  |
| **What room type will you be booking?** | [ ]  Double [ ]  Single |
| **Please tell us if you have any serious food allergies or dietary requirements** |  |

**Date:** ........................................... **Signature** ........................................................

**Please email this registration form back to:**  info@hunyuanqitherapy.com

**Health and Responsibility Form – Page 1**

|  |  |
| --- | --- |
| First Name |  |
| Surname |  |
| Passport Number |  |
| Residential Address |  |
| Contact in case of emergency |  |
| Current State of Health | Healthy [ ]  | Pre-existing medical conditions / illnesses [ ]  |
|  | Please inform us about any medical condition that you may have, so in case of emergency we can inform relevant doctors about it.  |
| Previous State of Health | I have always been healthy [ ]  | I have been suffering from previous medical conditions / illnesses [ ]  |
|  | Please specify any previous medical conditions / illnesses: |
| Are you taking chronic medication? | Yes [ ]  | No [ ]  |
|  | Please specify any chronic medication: |

**Health and Responsibility Form – Page 2**

**Payment commitment:**

The participant agrees with his/her commitment to the registration for the Zhineng Qigong Science Holistic Health Retreat to pay a participation fee of total EUR 580 (excl. accommodation, meals and travel costs). To secure your place, we ask you to pay a deposit of EUR 200 within 2 weeks after registration. The next instalment of EUR 380 is to be paid before April 1, 2021.

**Liabilities**

By registering for this Zhineng Qigong Science Holistic Health Retreat, the participant is liable and responsible for his/her own health and any risks involved. It is advised that he/she contacts a doctor prior to registering if unsure about his/her own health status.

**By accepting and signing this waiver you may be waiving legal rights and claims.
By signing you are assuring that you understand the extent of this waiver and accept its terms.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby assume all risk for any injuries or discomfort that I may sustain in the pursuit of the activities included in this retreat. I, on behalf of myself and my heirs, distributees, guardians, legal representatives and assigns, do hereby remise, release, and forever discharge its facilitators, namely the Hunyuan Qi Therapy Association including Britta Stalling and Life Qi Center including Master Yuantong Liu, as well as any other facilitators and participants of this event, their affiliated organizations, employees, and independent contractors, from any actions, claims, suits, damages, or judgments that may result from any injury (physical, mental, or emotional) or disturbance that I may sustain as a result of my participation in this program. I further agree to fully indemnify anyone who is sued on my behalf in connection with this event and to fully pay any legal fees they incur in connection with such lawsuit.

**Please email back to:** info@hunyuanqitherapy.com

**Date:** ........................................................

**Signature:**..................................................................