

# Journey into Daoism: CWc VYf '\* !&\$, 2017

## .....Registration Form

Download and "save as" this PDF before entering your information.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Cell phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Occupation

Include my e-mail address on the participant list:  Yes  No

\_\_\_\_\_  
Name on Passport

\_\_\_\_\_  
Passport Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Expiration Date                      Citizenship

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth                      Sex       F    M

*NOTE: Passports must be signed and have more than 6 months left before expiration date.*

### EMERGENCY CONTACT INFORMATION

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone Number

Pertinent medical condition(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Rate your physical condition as best you can. (*Select from drop down menu*):

Do you smoke?      Yes      No

List any dietary restrictions:

\_\_\_\_\_

\_\_\_\_\_

*NOTE: Provisions for special dietary requirements may not be available at all destinations.*

### CANCELLATION INSURANCE

As there are no refunds within 45 days of the trip and the deposit is non-refundable, it is strongly recommended that trip cancellation insurance be purchased to protect you against losses due to accidents and/or illness. Check with your insurance agent regarding coverage you may presently have via other insurance policies that may cover illness during your trip.

I have purchased (or will purchase) cancellation insurance.

Yes      No

### ACCOMMODATIONS

Let us know if you would like us to try to find you a roommate. However, if we are unable to secure this for you, the single supplement surcharge will be applied.

(*Check one below*)

\_\_\_\_\_ I would like single accommodations (if/when available per itinerary) with single supplement surcharge.

\_\_\_\_\_ Please try to find me a roommate. *If one cannot be found I understand that I will be responsible to pay for a single room.*

\_\_\_\_\_ I will be rooming with:

\_\_\_\_\_

# Journey into Daoism: October 6-20, 2017

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### AIR TRANSPORTATION

- Individuals are responsible for their own international travel expenses.
- Individuals are responsible for their own China entry visa.

### Please choose from the following:

Trip fees include one T-Shirt. Please designate size and sleeve length:

_____ Size	Additional shirts are available:
_____ Long or Short sleeve	• Short Sleeve \$20
	• Long Sleeve \$25

Double Occupancy	\$5000	\$ _____
Single Occupancy	\$5700	\$ _____
Additional Shirts		\$ _____

TOTAL: \$ \_\_\_\_\_

DEPOSIT: \$ \_\_\_\_\_

BALANCE: \$ \_\_\_\_\_

\*\* \$1000 non-refundable deposit is due by August 11, 2017.  
Balance is due NO LATER THAN September 8, 2017.

\*\* No refunds after August 25, 2017.

Please choose form of payment (A or B):

A. \_\_\_\_\_ Check/Money order  
Make checks payable to:  
**Temple of Peace and Virtue**

B. \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa

Account Number \_\_\_\_\_ Exp. \_\_\_\_\_

CVVC (3 digit code on back of CC) \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### ASSUMPTION OF RISK AND WAIVER

The undersigned, as a registrant for a trip arranged by Dr. Bernard Shannon, the International College of Medical Qigong, and the Temple of Peace and Virtue expressly acknowledges that they are aware that this trip or tour involves certain risks and dangers that include, but are not limited to, the hazards of traveling in foreign countries and wilderness areas, the possibility that an accident or illness could occur in remote places without access to immediate or timely medical treatment or facilities, injuries, political instability, forces of nature, and travel by air, train, automobile, bus, or other vehicle or conveyance.

With knowledge of the foregoing, I assume all of such risks. Moreover, I am in good health and am able to participate in such trip or tour and the activities related thereto, except as otherwise disclosed in writing on my registration form.

I hereby give to Dr. Bernard Shannon and those acting with their authority and permission: the unrestricted right and permission to copyright, use, and publish photographic portraits or pictures of me or in which I may be included intact or in part, composite or distorted in character or form, without restriction as to changes or transformations in conjunction with my own or a fictitious name, or reproduction hereof in color or otherwise, made through any and all media now or hereafter known for art, promotion, advertising, or any other purpose whatsoever. I hereby relinquish any right that I may have to examine or approve the completed product or products or the advertising copy or printed matter that may be used in conjunction therewith or the use to which it may be applied.

In consideration of, and as part payment for the right to participate in such trip or tour and/or in other activities and services conducted or arranged by Dr. Bernard Shannon the International College of Medical Qigong, and the Temple of Peace and Virtue, I have and do hereby waive, release, and hold harmless Dr. Bernard Shannon and the International College of Medical Qigong, its agents, employees, tour leaders, shareholders, officers, directors, and any contractors or sub-contractors hired in connection with such trip or tour from any and all liability, actions, causes of actions, debts, claims, damages, costs, losses, disputes, and liens whatsoever on account of, or in any way arising out of, personal injury, loss of life, loss or damage to property, illness, and any consequences thereof, directly or indirectly, resulting from, incident to, in connection with, or arising out of the trip or tour taken by registrant. The terms herein shall serve as an assumption of risk, waiver, release, and indemnity for the undersigned.

I have read and accept the above Assumption of Risk, Waiver and Release, which contains the entire and final agreement related to the subject matter hereof. This instrument shall be governed by and construed under the laws of the State of California, and venue of enforcement of this instrument shall be in Riverside County, California.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_