

Qing Cheng Celebration: October 2018

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.

Do you smoke? Yes No

List any dietary restrictions:

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

CANCELLATION INSURANCE

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 an additional charge for a single room.*

_____ I will be rooming with:

Qing Cheng Celebration: October 2018

Registration Form

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

Grand Celebration for the Emperor of the Nine Levels of Heaven

Registration is due by September 1, 2018.

** No refunds will be given deadline.

Registration

I am registering for:

_____ Double (Shared) Accommodations \$450

_____ Single Accommodations \$950

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

T-Shirt: _____ Short sleeve _____ Long sleeve

Size: _____

AIR TRANSPORTATION

- Attendees are responsible for their own international travel expenses to Chengdu.
- Attendees are responsible for their own China entry visa.

Please choose form of payment (A, B, C):

A. _____ Email me an invoice through which I can pay online using my Credit Card or Bank Routing number. *(This is recommended form of payment.)*

B. _____ Check/Money order
Make checks payable to:
Temple of Peace and Virtue

C. _____ MasterCard _____ Visa

Account Number _____ Exp. _____

CVVC (3 digit code on back of CC) _____

Name as it appears on card _____

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

It is HIGHLY recommended that you fax or email your registration.

If you mail your registration form or your payment, you MUST also email the main office to notify our administrative staff. You should also anticipate a significant delay confirming the receipt of your registration.