

## **SCHOOL PORTLAND**

## **Student Registration Form**

Name:		Date of Birth:	
		Phone:	
City:	State:	Zip Code:	
Email Address:			
Previous Training in Martial/Mov	ement/Energetic Arts:		
Emergency Contact (Name and P	hone):		
What are your goals for this class	? How can the instruct	tor help you develop your qigong practice?	
Please describe any medical cond	dition or physical limita	ation that the instructors should be aware of:	
	Release	Form	
Tatiana Tannenbaum, Teresa Farrell, Mt. Tabor Presbyterian Church, "Mil Methodist Church, North Coase Recording and damages occurring at Wenfully understands that the School an injury sustained in or about the prenfacilities and equipment therein assuin or about the premises of the School and its releasees, including its shared demands, damages, rights or causes	, Michelle Marcyk, and Iwaukie Studio" at 6522 reation District) (hereing Wu School Portland ("d its releasees shall not mises of the School. Thumes full responsibility hol. The Student hereby holders, directors, office of action resulting from agents, or the negliger	gstaff, Lita Buttolph, Fran and Jeffrey Selke-Minogue I all assistant teachers, and studios (Tabor Space @ 1 SE Jack St., Milwaukie 97222, Rose City Park nafter referred as "releasees") from responsibility "the School"). The Student specifically agrees and of be liable from any damages arising form personal ne student, in attending said School, and using the y for any injuries or damages to him or her occurringly and forever releases and discharges the School cers, employees and agents from any and all claims m or arising from the negligence of the School, gence of any other person present on the premises students.	l g
Please sign your name to certify that	t you agree to the abov	ve liability release statement.	
Signature		_Date	