TAI CHI GALA REGISTRATION FORM

Make checks to: "Alpha State Events"

PLEASE NOTE: Pre-registration has ended, so please submit this form at Tai Chi Gala in Albany, NY for on-site registration. Thanks!

One Person Per Registration Form Only. Make Additional Copies if Needed.

NAME		
BILLING ADDRESS		
CITY	STATE	ZIP/POSTAL CODE (Also List Country if Not USA)
PHONE #	EMAIL	

REGISTRATION OPTIONS	PRICE	QUANTITY	SUBTOTAL
FULL Tai Chi Gala Pkg. Fri-Sun June 4-6	**$199** @		
Friday Only (June 4)	**$35** @		
Saturday Only (June 5)	**$135** @		
Sunday Only (June 6)	**$75** @		
Dr. Painter's Baguazhang Circle Mon-Fri June 7-11	**$450** @		
Prices do not include food or lodging. Please arrange it with the hotel (518) 458-1000.		TOTAL ENCLOSED:	$

WAIVER: I knowingly, without duress, do voluntarily submit my registration to Alpha State Event's Tai Chi Gala. In doing so, I hereby assume all risk of physical and mental injuries, disabilities and losses, which may result from or in connection with my attendance or participation in any and all activities related to this event. Acting for myself, my heirs, personal representatives and assignees, I do hereby release Alpha State Events, its officers, agents, representatives, servants, employees, volunteers, and all other members from liability due to any injuries incurred and resulting legal claims, actions, suits or controversies. I also understand that there is risk involved in all activities related to this event and I assume full responsibility for all my actions, activities or omissions during and in connection with this event. I fully understand that any medical attention or treatment afforded me by Alpha State Events, its officers, agents, representatives, servants, employees, volunteers and all other related members will be of the first aid type only, and I hereby release Alpha State Events, its officers, agents, representatives, servants, employees, volunteers and all other related members from any liability for providing such aid. I have read, understand, and agree to abide by the all rules of this event, and the rules set forth by the event's venue, and accept all responsibility and associated liability for infringement of such rules. Additionally, I am fully aware of my personal medical condition and hereby certify that I am mentally and physically fit to participate in the activities offered by Alpha State Events at the Tai Chi Gala. I understand that Alpha State Events reserves the right to change, modify, add or remove rules for attending this event without my knowledge or permission and by signing/sending in this document I agree to follow any changes made to the rules upon being made aware of them. I consent to the use of photographs and/or videos of my participation in this event for promotional purposes, and hereby waive my rights to any form of compensation or claim.

METHOD OF PAYMENT ___Check ___US Money Order ___Visa ___MasterCard ___AmEx ___Discover

CARD # _____

CARD EXPIRES: ____ ____ MONTH YEAR

SECURITY CODE: The 3 (or 4) digit code on the back of your card, on the right: _____

Signature:_____

Print Your Name:_____ Date: _____