



Mystic Balance Wellness

Registration Form (Please Print)

Name: _____

Email: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Numbers: (Home) _____

(Work) _____ (Cell) _____

Birthday: _____ (M/D/Y)

Limitations or Injuries: _____

How did you hear about us: _____

Waiver and Release

Regarding my participation in this Qigong class. Conducted by Mystic Balance Wellness (Donna Bilozir). I, the undersigned, agree to hold harmless, and indemnify Mystic Balance Wellness (Donna Bilozir) from all liability for damage or injury to myself or any person or property. I accept full responsibility for any damage or injury which may result.

I have read, understood, and agree with the proceeding statements in this waiver and release.

Signature: _____

Date: _____