

Dr. Tony Murczek, LLC

Participant Release, Waiver of Liability and Cancellation Policy

Date: _____

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____ How did you hear about us?: _____

Emergency Contact Name and Phone: _____

Participant's engagement or participation in any activity sponsored by or associated with Dr. Tony Murczek, LLC and Mountain Spring Health Clinic, LLC wherever said activities take place is undertaken at the participants' sole risk.

When in participation of Qi Gong or other fitness activities, the participant understands the physical risks involved with the exercise. It is the participant's responsibility to consult with a physician regarding his/her participation with any activity. The participant agrees he/she is voluntarily participating in activities and assumes all risk of injury or contraction of any illness or medical condition that might result there from, or any damage, loss of theft of any personal property. The participant hereby releases and discharges Dr. Tony Murczek, LLC and its employees, agents and associates from any and all claims or causes of action that arise from participation in classes and use of associated facilities.

All sales are final no refunds will be given and no partial refunds will be granted for partial attendance. No exceptions. No video or audio recording equipment permitted. Every attempt is made to offer this program as announced. Dr. Murczek reserves the right, however to adjust program faculty, location, dates and times to accommodate unanticipated occurrences. Dr. Murczek is not responsible for any expenses incurred by registrants due to program adjustments or cancellations.

Participant's Signature: _____ Date: _____