

PureBeautiful Healing Foundation



P.O. Box 5693, Walnut Creek, CA 94596

Phone: (925) 979-5895 • PBH@PureBeautifulHealing.org • www.PureBeautifulHealing.org

Registration Form (Please write legibly)

Course Title:	Date:	Location:
---------------	-------	-----------

First Name:	Last Name:
-------------	------------

Gender:	Date of Birth (Optional):
---------	---------------------------

Address:

City:	State:	Zip:
-------	--------	------

Occupation:	Work Tel.:	Home Tel.:
-------------	------------	------------

Education:	Mobile Tel.:
------------	--------------

E-mail (please use your <u>personal</u> , and not company <u>E-mail address</u> , and preferably not an AOL E-mail address):

Health Conditions:

Have you ever practiced ___ _____? Qi Gong <input type="checkbox"/> Yoga <input type="checkbox"/> Tai Ji Quan <input type="checkbox"/> Reiki <input type="checkbox"/> Meditation <input type="checkbox"/>
Other:

How did you hear about us? Mailing <input type="checkbox"/> Magazine <input type="checkbox"/> Flyers <input type="checkbox"/> Internet <input type="checkbox"/> Friend <input type="checkbox"/>
Other:

Waiver of Responsibility : I warrant that I am physically, mentally and emotionally able to participate in this course. Furthermore, I release the teachers and affiliates of PureBeautiful Healing from responsibility for my physical, mental, and emotional well-being.
Signed: _____ Date: _____

Total Cost of Course:			
Amount Received:	Cash <input type="checkbox"/>	Check <input type="checkbox"/>	Credit Card <input type="checkbox"/>
If paying with a credit card, please fill out the following: ___Master Card ___Visa___American Express ___Discover			
Billing Address:	Zip Code:		csc#
Credit Card Number:	Exp. Date:		

We will include you in our email list to notify you of our future events. You may unsubscribe our eNewsletters anytime in the future when you do not wish to receive our emails about upcoming events.

PureBeautiful Healing Foundation



P.O. Box 5693, Walnut Creek, CA 94596

Phone: (925) 979-5895 • PBH@PureBeautifulHealing.org • www.PureBeautifulHealing.org

AUTHORIZATION TO USE PHOTOGRAPHS AND/OR AUDIO-VISUAL

I hereby grant to PureBeautiful Healing Foundation, a California non-profit public benefit corporation ("PureBeautiful Healing"), its employees and agents and its event hosts, permission to take and use audio and visual recordings and images of me or that pertain to me at any PureBeautiful Healing events I may attend. Audio and visual recordings and images include recordings and images in any media, but are not limited to, photographs, digital images, drawings, renderings, recordings of voices or sounds, video recordings, audio clips, and any accompanying written descriptions. In the absence of additional express permission, the recordings and images will not include my name, except to the extent that my name or any portion thereof may be captured in an audio recording.

I agree that PureBeautiful Healing owns the recordings and images and all rights related to them. The recordings and images may be used in any manner of media without notifying me, including, but not limited to, the PureBeautiful Healing website, or other publications, promotions, broadcasts, videos, advertisements, posters, and theater slides. I waive any right to inspect or approve the finished recordings or images or any printed or electronic material that may be used with them, or to be compensated for them.

I release PureBeautiful Healing and its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the recordings or images, from any claims, damages or liability which I may ever have in connection with the taking or use of the recordings and images or printed material used with the recordings and images. I agree to assume the risks, whether known or unknown to me, of permitting publication of my own image or personal likeness, in the form of a photograph, still or moving image and/or audio, on film, digital video tape or other recording medium, on the Internet, in publications or in videos both now and in the future. It is further understood and agreed that this authorization, release, and assumption of risk shall be binding on my heirs and assigns.

There is no time limit on the validity of this authorization or the accompanying release, nor is there any geographic limitation on where these materials may be distributed.

Participant's Full Name (Please Print) _____

Street Address/P.O. Box _____

City _____ Zip Code _____

Phone _____ Fax _____

Personal Email Address _____

Participant's Signature _____

Date _____

If this release is obtained from a minor under the age of 18, then the signature of that minor's parent or legal guardian is also required.

Parent's (or Legal Guardian's) Signature _____

Date _____

Print Name _____