

## REGISTRATION FORM

Please write the **Class Name(s)** that you are registering for.

1. **Class Name** \_\_\_\_\_

2. **Class Name** \_\_\_\_\_

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Amount enclosed \_\_\_\_\_

I understand that any exercise class, including Qigong and Taiji, carries with it the possibility of personal injury. I accept this risk and agree that I will not hold the instructors, participants, or owners of the facility in which such classes are held responsible for any injury, disability or cause for loss that may happen to me while participating in these classes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Three easy steps to registration

1. Print two copies of this form. Keep one for yourself.
2. Clearly fill in all requested information, including your signature.
3. Mail one form with a check made payable to Ron Davis to:

Dr. Ron Davis, 2715 Axtell Anceny Rd., Bozeman, MT 59718

Cancellation/credit policy: If you call and cancel at least three days before class starts you will be given credit toward a future class.

Questions?

Email: [drron@thehealthmovement.com](mailto:drron@thehealthmovement.com)

Phone: 406.763.4588

**All classes have a minimum and maximum size. They fill up quickly.**

**Register now!**