



Student Registration Form

Student Information

Name

Date

Address

City

State

Zip Code

Home Phone

Work Phone

Cell Phone

Email Address

Date of Birth

Emergency / Medical Information

Please list above any relevant medical conditions &/or allergies of which we should be aware.

Emergency Contact Person

Relationship

Home Phone

Work Phone

Cell Phone

Liability Waiver

Taoist Studies Institute classes, workshops, and retreats will include physically demanding activities that can be vigorous and interactive. The undersigned participates willingly and voluntarily and certifies he/she is in adequate physical condition to participate in all of the activities. Additionally, the undersigned agrees to hold harmless Taoist Studies Institute, Harrison Moretz, and all class and workshop related instructors, participants, and organizers for any injury that may occur during, or as a result of, any class, workshop, private lesson, or retreat.

Signature

Date

Print Name

Please tell us how you found the school (*i.e.* Internet, phone book, medical referral, friend, etc.).