



**ROMANIAN NATIONAL QIGONG FEDERATION
BUCHAREST QIGONG ASSOCIATION**

**Request to participate to the Qigong Events
Confirmation of receipt and acceptance of the RNQF rules**

Declaration of eligibility and responsibility

I, the undersigned: Name.....,
Address: Street.....No.....,
Post/zip code CityCountry
Phone (landline / mobile):.....,
e-mail (optional), for myself or as parent/legal representative of the
(minor) child under 18 yrs of age (name) born on
(date)

apply to the Romanian National Qigong Federation (RNQF) to participate in its events (in general: courses, retreats, conferences, indoor activities etc.).

I confirm having received and taken due notice of the "Basic rules" compulsory for participation in the Qigong Courses/Practices" and I accept to follow them.

I understand that the specific qigong practices require a certain physical and mental resilience. I therefore undertake to follow the instructions of the coordinators as well as the rules published on the homepage www.qilingong.com at the time of signature, the contents of which I have taken note.

I understand that participation in these activities is at my own risk. Furthermore, I declare that I wish to participate at my own risk.

I understand that the qigong activities may challenge me both physically and mentally. Therefore, I declare at my own risk to be in a good physical as well as mental condition. I furthermore declare that I do not suffer from any disease that might prevent me from participating in this activity.

I furthermore declare that I am not pregnant, or that (if the case) the pregnancy does not exceed the first four months and it progresses normally, is monitored by the gynecologist and I am not under tocolytic treatment

I declare at my own risk that my physical and mental condition is stable enough to practice qigong.

I do not have any transplants and I do not suffer from any serious illness in the advanced stage (cancer, kidney or liver failure), from serious heart diseases (heart and respiratory failure, myocardial infarction, stenosis, I do not have a pacemaker, cardiac prostheses, or valvular implants, etc.) nor from infectious diseases or psychoses, etc.

Date: _____

Signature: _____
(for minors, legal representative)



Furthermore, I declare not to be under the influence of alcohol, drugs or medications that might affect my consciousness.

I agree to submit a medical certificate confirming any ongoing medical treatment and that, from a medical point of view, there is no reason that might prevent me from participating in the qigong activities. Otherwise, I will voluntarily and knowingly assume all risks involved.

I undertake to inform the association/the organizer of any possible change in my health condition and/or medication as well as of any other aspects regarding my health condition. Otherwise, I will assume all risks involved.

I agree to follow the specific norms and rules of this activity which have been explained to me in an understandable way.

I will follow the requests regarding the necessary equipment (clothing/footwear) for participating in these events. If I should fail to do so, I will assume all risks resulting from any possible consequences.

I am aware that the qigong practices cannot replace medical treatment. I will seek medical treatment only in accordance with the instructions of the medical doctor.

The validity of this declaration concerning my own responsibility includes all activities I wish to participate in after signing and I undertake to immediately inform the association/the organizer of any medical and/or otherwise relevant changes that might have occurred within 6 months from signing this document. Should I fail to do so, I will assume all possible resulting risks.

With the signing of this declaration, I confirm having taken due note of all aspects concerning the effective participation in the Qigong activities and of any possible risks involved. As indicated above, I furthermore confirm to assume full responsibility for any physical injury or impairment caused directly or indirectly by my participation in the Qigong activities and to fully indemnify and hold harmless the association/the organizer and *Chairman Master Lin Kai Ting*.

In the event of my participation of an event abroad, I will take care of insurance coverage myself (e.g. foreign health insurance). Otherwise, I will assume responsibility for any health and financial consequences. Again, I confirm to assume full responsibility for any possible risks involved and fully indemnify and hold harmless the association/the organizer.

Date: _____

Signature: _____
(for minors, legal representative)