

Appendix 5

THE 8TH WORLD HEALTH QIGONG TOURNAMENT AND EXCHANGE AND THE 4TH WORLD HEALTH QIGONG SCIENTIFIC SYMPOSIUM

PARTICIPANT'S STATEMENT OF PERSONAL RESPONSIBILITY

The 8th World Health Qigong Tournament and Exchange and the 4th World Health Qigong Scientific Symposium ("the Event") are organized by the International Health Qigong Federation (IHQF) and the Chinese Health Qigong Association (CHQA) ("the Organizers"). Tai Chi Australia Pty Ltd (TCA) ("the Host") has agreed to hold the Event in accordance with the directives of the IHQF and rules of the CHQA.

The Participant acknowledges that participation in the 8th World Health Qigong Tournament and Exchange, and attendance at the 4th World Health Qigong Scientific Symposium is entirely of the Participant's own volition. By registering to attend this Event, the Participant undertakes to comply with all the Organizers' rules and regulations. Further, by attending this Event, the Participant agrees to be bound by all the Organizers' and Host's terms and conditions. The Participant agrees to bear sole responsibility for any personal injury or accident he or she incurs, and for the consequences of any omission howsoever arising, which may result in a dispute, including any legal action or court proceedings, any claim for damages to property or personal effects, or any special request by the Participant to the Organizers or the Host during the Event. The Organizers and its heirs, assigns, personal assistants, agents and representatives, including but not limited to the Host, shall not accept any liability whatsoever, for or on behalf of the Participant, either in the capacity of any relevant Executive Board or Specialized Committee, or in the capacity as an official Host of the Event. As such, the Participant agrees to indemnify the IHQF, the CHQA, and the Host, and to comply with all Tournament and Exchange regulations made or enforced by them in connection with this Event. The Participant further agrees to respect the determination of any relevant decision-maker on any disputed matter connected with this Event. Throughout the Event, the Participant agrees to be photographed, video recorded, or televised live. The Participant agrees that his or her name, address, voice, actions, image or figures may be used wholly or partially by the Organizers or the Host on TV coverage, radio broadcasting, video recording, or by media figures or associated with any other media equipment. The Participant shall not be entitled to any royalties, demand any payment, or be permitted to seek any compensation arising out of this usage.

The Participant acknowledges that he or she has been invited to seek independent legal advice and is aware of, and fully understands, this statement of personal responsibility and release.

The parent or a legal guardian is required to explain, complete, and sign this form, as well as provide an emergency contact number, if the Participant is a minor.

Participant's name and signature: _____

Parent or legal guardian name, mobile, and signature: _____

Date: ____ / ____ / 2019

Appendix 6 – Form 1

The 8th World Health Qigong Tournament and Exchange The 4th World Health Qigong Scientific Symposium

FINAL REGISTRATION FORM

Country/region		
Name of organization		
Number of participants to Symposium		
Number of teams to tournament		
Number of athletes to tournament		
Number of participants to Health Qigong advance classes		
Number of participants attending IHQF Judge Course		
Number of applicants applying for Referee Grade B		
Name of the team leader		
Contact of team leader		
Accommodation requirement	How many rooms?	
3 Star Hotel <input type="checkbox"/> Single <input type="checkbox"/> Twin-share (Limited Rooms available)		
4 Star Hotel <input type="checkbox"/> Single <input type="checkbox"/> Twin-share		

Please send it to the Organizing Committee (Tai Chi Australia) before 15th July, 2019.

The applicant organization (“You”) acknowledges that you have read through the 8th World Health Qigong Tournament & Exchange and the 4th World Health Qigong Scientific Symposium Directives (“the IHQF Directives”) in full and understands your obligations under them. By signing this registration form and accepting the IHQF Directives, you agree to be bound by the provisions thereof.

Your registration may be cancelled if you breach any obligation under the IHQF’s Directives. Your registration may also be cancelled if you breach an obligation that you do not fix within 7 days of our notice to you of the breach. If your Registration is cancelled, your organisation shall be liable for all fees incurred, which may include fees to recover costs expended on your behalf, loss or damage caused by your breach.

Whilst the Organizing Committee will use reasonable endeavours to give you notice, it reserves the right to vary any content and cancel or reschedule any classes and to make alterations to the Schedule due to unforeseen circumstances

Signature of Person-in Charge: _____

Tel: _____ E-mail: _____

Date: _____ 2019

Appendix – Form 2

Entry Form of the 8th World Health Qigong Tournament and Exchange

Country/Region: Delegation: Leader of the delegation: Coach:

No.	Name	Gender	D.O.B (DD/MM/YY)	Passport No.	Individual competition						Team competition						
					Yi Jin Jing	Wu Qin Xi	Liu Zi Jue	Ba Duan Jin	Da Wu	Shi Er Fa	Yang Sheng Zhang	Yi Jin Jing	Wu Qin Xi	Liu Zi Jue	Ba Duan Jin	Da Wu	Shi Er Fa
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	

N.B.: 1. Please tick where applicable. 2. This form can be copied.
 3. Please send the form to Tai Chi Australia (2019@taichiaustralia.com.au) before 15th, July, 2019

Contact Person: _____ Tel: _____ E-mail: _____

Signature of Person-in Charge:

Date:

Appendix – Form 3

Entry Form of the IHQF Referee Skills Training Course

Country/Region:

Delegation:

No.	Name	Gender	D.O.B (DD/MM/YY)	Refereeing Experiences			Duan Level	Apply Referee Grade (Y/N)
				Competition Name	Competition Venue & Time	Position		
1								
2								
3								

1. The form can be copied.

2. Please send the form to Tai Chi Australia (2019@taichiaustralia.com.au) before 15th, July, 2019

Contact Person: _____ Tel: _____ E-mail: _____

Signature of Person-in Charge:

Date:

Appendix – Form 4

Entry Form of the Health Qigong Advanced Training

Country/Region:

Delegation:

No.	Name	Gender	D.O.B (DD/MM/YY)	Passport No.	Health Qigong Forms			Current Duan Level
					Wu Qin Xi	Shi Er Fa	Liu Zi Jue	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

1. Please select your preference. 2. The form can be copied.

3. Please send the form to Tai Chi Australia (2019@taichiaustralia.com.au) before 15th, July, 2019

Contact Person: _____ Tel: _____ E-mail: _____

Signature of Person-in Charge: _____

Date: _____

Appendix - Form 5

Entry Form for attending the 4th World Health Qigong Scientific Symposium

Country/Region:

Organization:

Team leader:

No.	Name	Gender	Education	Passport No.	Profession	Experience of attending previous Symposium
1.						
2.						
3.						
4.						
5.						
6.						
7.						

Please send the form to Tai Chi Australia (2019@taichiaustralia.com.au) before 15th July, 2019

Contact Person: _____ Tel: _____ E-mail: _____

Signature of Person-in Charge: _____

Date: _____

Appendix - Form 6

TRAVEL INFORMATION FORM

Country/Region:

Delegation:

No.	Arrival				Departure			
	Flight No.	Arrival Time	Arrival Date	Number of persons	Flight No.	Departure Time	Departure Date	Number of persons
1								
2								
3								
4								
5								
6								

1. the form can be copied. 2. Please send the form to Tai Chi Australia (2019@taichiaustralia.com.au) before 15th, July, 2019

Contact Person: _____ Tel: _____ E-mail: _____

Signature of Person-in Charge:

Date:

Appendix - Form 7

Payment Information and Form of the 8th World Health Qigong Tournament and Exchange and the 4th World Health Qigong Scientific Symposium

We wish to provide an optimal participant experience, meaning an efficient registration process on arrival. Please note that all payment **must** be made via bank transfer by July 15, 2019.

Participating organizations are responsible for the following:

1. Collection of all registration information from their participants.
2. Collection of all payments from their participants.
3. Completion of and forwarding all Forms.
4. Payment of all fees and costs via bank transfer to the following account. Please provide evidence of your payment after transfer is completed.
5. Bank information of Tai Chi Australia:

U\$ Account Details:

Bank Name:	Commonwealth Bank of Australia
BIC/SWIFT Code	CTBAAU2S
Account Name	Tai Chi Australia
BSB	063113
Account Number	11229142
Bank Address	737 Burke Road, Camberwell, Victoria 3124, Australia

A\$ Account Details:

Bank Name:	Commonwealth Bank of Australia
BIC/SWIFT Code	CTBAAU2S
Account Name	Tai Chi Australia
BSB	063113
Account Number	11229134
Bank Address	737 Burke Road, Camberwell, Victoria 3124, Australia

Appendix - Form 8

**Payment Information and Form of the 8th World Health Qigong Tournament and Exchange and
the 4th World Health Qigong Scientific Symposium**

No.	Name	Gender (M/F)	D.O.B (DD/MM/YY)	Passport No.	Individual competition (Prices in US\$)	Group competition (Prices in US\$)	Referee training (Prices in US\$)	Advanced class (Prices in US\$)	Farewell Party (Prices in US\$)	Accommodation (Prices in US\$)	TOTAL (Prices in US\$)
0	Example John Jones	M	01-12-1965	NL 123456	25.00/30.00	20.00/25.00	200	100.00/120.00	85	? x? nights = ?	?
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											

Please send the form to Tai Chi Australia (2019@taichiaustralia.com.au) before July 15th, 2019.

A special discount of U\$ 5 per competition event applies if you pay before June 1st, 2019.