



Application for Program

I would like to be admitted to the following program by submitting this application. PLEASE PRINT.

| | | | |
|----------------|---|--------------------|--|
| Name | | Center / Institute | |
| Date of Birth | / / <input type="checkbox"/> Female <input type="checkbox"/> Male | Occupation | |
| Street Address | | | |
| City | | State / Zip | |
| Phone | (Mobile) | Business/Home | |
| E-mail | | Fax | |

Payment Information

| | | | |
|---|--|-----------|-----------------|
| Program Name | | | |
| Program date | From ___ / ___ / ___ - ___ / ___ / ___ (DD/MM/YYYY) | | |
| Program Fee (\$) | \$_____ (Check should be made payable to "Tao Fellowship") | | |
| Paid by | Check <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> AE <input type="checkbox"/> Other (_____) | | |
| Card No | _____ | Exp Date | Verification #: |
| Note: Card holder's name, signature, and billing address required if different from the applicant's | | | |
| Name | _____ | Signature | _____ |
| Billing Address | _____ | | |
| Rooming Request | <input type="checkbox"/> Private (\$50 extra fee per night will apply.) <input type="checkbox"/> Shared (Desired roommate if any _____) | | |

Rooming: Standard rooming for the program is a *shared room* (2 people per room). Please contact our Welcome Center if you need a private room or have any special request. Additional fee will apply for private room. Exceptions may apply.

Refunds: (1) All requests for refunds due to cancellation or withdrawal must be made in writing. (2) If notice is received within three business days after enrollment, all monies paid will be refunded. (3) After 3 business days and before the course begins, all monies paid will be refunded less processing fee (\$50). Please allow us 14 business days for processing your refund request. (4) No credit or refund is available if you check in for the program; if you cancel on the arrival day; if you do not show up; or if you leave a program early for any reason. (5) **No refund is available past 1 year after registration**, but the money can be applied to the same program or other programs.

Statement of purpose and compliance: I acknowledge that the purpose of my visit to Sedona Mago Retreat is to learn about the principles of Taoism and participate in its practices. I acknowledge that I was informed of the rules and guidelines of Tao Fellowship and understand that I am required to follow the rules and guidelines during my stay in the premises of Tao Fellowship.

Authorization and release: I (the undersigned) authorize recording, by audio, video, photo camera, or other means, my participation in all activities of the program including the right to copyright such recordings, and to use and publish them, in whole or in part. This authorization expressly includes the right to record, reproduce or otherwise use the undersigned individual's face, likeness and voice.

Waiver of liability: I fully acknowledge that participation in the above said program includes but is not limited to physical exercise which could cause injury to participants. I am voluntarily participating in these activities and assume all risks of injury to myself that might occur and I acknowledge it is my responsibility to decide whether I am physically fit for participation. I hereby waive any and all claims of any nature whatsoever, and agree not to hold Tao Fellowship, its contractors, and all the other entities participating in the program delivery, including their employees, agents, representatives, partners, instructors, volunteers or staff, responsible for any injuries suffered by me or loss which I may incur that is caused in whole or in part, may arise, occur, or be attributable to but not limited to the following; (1) a breach of any representation, warranty, or promise made by me; (2) any misstatements made by me; (3) my failure to follow the instructions of my instructors; (4) my failure to disclose in writing any physical impairment or condition of mine; (5) my inability or failure to satisfactorily complete the program; (6) the housing facilities and/or accommodations arranged for me during the program; (7) the course offered and standard of instruction; (8) interruption or termination of the program due to illness, acts of God, civil unrest or any other unforeseen circumstances; and (9) any accident, injury or loss that occurs off of or outside of the physical premises of Tao Fellowship, its contractors, and all the other entities participating in the program delivery.

I have read, understand and agree to all of the terms and conditions of this application. I represent and warrant (1) that I have been examined by a licensed physician within the past six months and found to be in suitable condition for all activities that I am to learn and perform during the program and (2) that I will faithfully follow all instructions given by my instructors.

Date

Signature