Appendix 2

**The 4th China International Health Qigong Tournament and Exchange**

**PARTICIPANTS’ RESPONSIBILITY STATEMENT**

On my own willingness, I would like to attend the 4th China International Health Qigong Tournament and Exchange and promise to all consequences of any accidents or legal disputes, including any claim damages, actions and requests during the event. Meanwhile, I myself, my heir, personal assistant, agent and representative shall not sue either the Organizing Committee or the host. I hereby agree and comply with all the Tournament regulations made by the Chinese Health Qigong Association (CHQA) and the International Health Qigong Federation (IHQF). I shall respect the Jury’s decisions on any of the disputed matters. During the event, I agree to be photographed, video recorded or televised live. Also, I shall agree my name, address, voice, actions, image or figures to be used on a whole or partial by the International Health Qigong Federation on TV coverage, radio broadcasting, video recording, media figure or any other media equipment and shall not demand any payment or compensation.

I am aware of and fully understand the above statement.

(Parents or the legal guardians are requested to sign if the participants are miners.)

Signature: Parent / legal guardian signature:

Date: , , 2020

Appendix 3– Form 1

  **The 4th China International Health Qigong Tournament and Exchange**

 **PRE-REGISTRATION FORM**

|  |  |
| --- | --- |
| Country/region |  |
| Name of organization |  |
| Name of Team Leader |  | Contact Information |  |
| 1 | Number of all participants |  |
| 2 | Number of participants to the keynote speech, experience exchange and theory lecture |  |
| 3 | Number of teams to competition |  |
| 4 | Number of athletes to competition |  |
| 5 | Number of Duan Examination |  |
| 6 | Accommodation requirement |  |

**Note:** Please send the form to the CHQA before May 31st, 2020

 Applicant : Tel: E-mail：

Signature of Person-in Charge/Seal:

 Date: . . 2020

Appendix 3 – Form 2

**The 4th China International Health Qigong Tournament and Exchange**

**Of attending the keynote speech, experience exchange and theory lecture**

**Entry Form**

Country/region：

Name of organization：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. | Name | Gender | Date of Birth | Passport No. | Position  |
|
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| ╳ | ╳ | ╳ | ╳ | ╳ | ╳ |

**Note:** 1. Each organization can send up to four (4) principals or technical backbone as the audience.

 2. Please send the form to the CHQA and the organizer before 15th July, 2020.

Applicant : Tel: E-mail：

Signature of Person-in Charge/Seal:

Date: . . 2020

Appendix 3 – Form 3

**The 4th China International Health Qigong Tournament and Exchange**

**Entry Form of Ming Mu Gong Training**

Country/region：

Name of organization：

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Name | Gender | Date of Birth | Passport No. |
|
|   |  |  |  |  |
|  |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|  |  |  |  |  |

**Note**：Please send the form to CHQA and the organizer before 15th July, 2020.

Applicant : Tel: E-mail：

Signature of Person-in Charge/Seal:

Date: . . 2020

Appendix 3 – Form 4

 **Entry Form of the 4th China International Health Qigong Tournament and Exchange**

Country/region：

Delegation： Team Leader： Coach：

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. | Name | Gender | Date of Birth | Passport No. | Individual  | Group |
| Yi JinJing | WuQinXi | BaDuanJin | DaWu | MaWang Dui | ShiErFa | TaiJiZhang | Yi JinJing | WuQinXi | BaDuanJin | DaWu | MaWang Dui | ShiErFa | TaiJiZhang |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |

**Note**：1. Please tick ‘√’where applicable； 2. Please send the form to CHQA and the organizer before 15th July, 2020.

Applicant/Seal: Tel: E-mail： Date： ， ，2020

Appendix 3 – Form 5

 **Travel Form of the 4th China International Health Qigong Tournament and Exchange**

Country/region： Delegation：

|  |  |  |
| --- | --- | --- |
| No.  | Arrival Information | Departure Information |
| Flight No. | Time | Date | Number of Person | Flight No. | Time | Date | Number of Person |
|
|  |  |  |   |  |  |  |   |   |
|  |  |  |   |  |  |  |   |  |
|   |  |  |   |  |  |  |   |  |

**Note**：1. the form can be copied； 2. Please send the form to CHQA and the organizer before15th July, 2020.

Applicant/Seal: Tel: E-mail： Date： ， ，2020