

# **International Center for the Healing Arts**

**Certification and Agreements**

**Student Waiver**

**Application Form**

**Please complete these three forms and send along with your \$25 application fee (check payable to ICHA) to:**

**ICHA at Gilman Studio**

**P.O. Box 431**

**Port Townsend, WA**

**98368**

## **Certification and Agreements:**

A Certificate of Completion will be awarded to all students who have finished the requirements of all three sections. The student should be able to perform the entire form from beginning to end and demonstrate an understanding of the basic principles, recite the names and demonstrate the applications. The student should also demonstrate knowledge of the required Chi Kung practices and answer simple questions about the philosophy and history.

A Certificate of Completion does not automatically give the recipient a Teaching Credential. The teaching certification is solely at the discretion of the Director. The student agrees not to use the name International Center for the Healing Arts or Gilman Studio unless given written authorization by the Director.

The Student agrees not to duplicate or sell any of the learning materials, DVD's, CD's or Tapes without the written permission of the Director.

We recognize that everyone learns differently. The faculty makes recommendations to help the student learn the material and provides the resources. The student chooses the pace, and the resources he or she wants to use. The faculty is available for feedback and evaluation through private sessions or video review throughout the learning process. The faculty agrees to do their best to help the student learn the curriculum. The student agrees to do his or her best to follow the recommendations of the faculty.

The student may begin their studies at any time with acceptance of the Application and payment of the annual tuition and the student may terminate the training at any time without further obligation.

The Director reserves the right to terminate the teacher-student relationship if the student displays immoral, combative or uncooperative behavior or if the Director feels the student's continued practice would be harmful to the student or others. If the Director must terminate the learning process for any reason, the annual fee will be prorated and refunded. There will be no refunds for materials purchased.

I have read the above and agree to the terms and conditions. I have also reviewed the fee schedule and curriculum checklist for this course.

Name \_\_\_\_\_ (Print please)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Director \_\_\_\_\_ Date \_\_\_\_\_

## Student Waiver:

I recognize that there is an inherent risk in participating in martial arts and do, by my enrollment in and attendance at classes fully assume responsibility for this risk. Therefore, in consideration of your accepting my application for enrollment, I hereby for myself, my heirs, executors, and administrators waive and release any and all claims to damages I may have against the persons offering the martial arts classes in which I hereby apply to participate, their employees, agents, representatives, successors, and assigns for any and all injuries I may sustain during the classes, whether or not damage or injury is sustained through negligence.

I further waive and release any and all claim to damages I may have against the owner(s) of any and all injuries I may sustain while on their property whether or not damage or injury is sustained through negligence.

Please Note: Tai Chi, being a physical activity, may be too strenuous and demanding for certain individuals. It is suggested that the participant consult a physician before engaging in the martial arts.

Name \_\_\_\_\_(Print please)

Signature\_\_\_\_\_

Date\_\_\_\_\_

Director \_\_\_\_\_

Date\_\_\_\_\_

# International Center for the Healing Arts

## Application Form - Confidential

(Please print clearly & feel free to use extra paper, if needed)

Send this form with your \$25 application fee (check payable to ICHA) to P.O. Box 431  
Port Townsend, WA 98368

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Country of citizenship \_\_\_\_\_

Current Occupation \_\_\_\_\_

Birth date \_\_\_\_\_

Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone \_\_\_\_\_

How did you hear about International University for the Healing Arts?

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For what courses or certifications are you applying?

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Why do you want to enroll in this course

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## Application Form (continued)

Have you had previous training in the martial arts, Tai Chi or Chi Kung? Please list names or styles, teachers, dates & amount of time, and any certifications if applicable.

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Please describe the areas of Tai Chi Chuan and/or Chi Kung that interest you the most: i.e. martial aspect, self-realization, health & healing, spiritual awareness, history & philosophy, etc:

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Do you practice meditation? Which types?

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Do you have any health issues? If so, briefly describe:

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How would you describe your usual emotional or psychological state?

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Please describe your past academic and career background:

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**Application Form (continued)**

Have you had any teaching experience? When & in what areas?

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Briefly describe your major skills and talents and give examples:

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Please describe your current interests and/or hobbies:

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Are your friends and/or family supportive of your commitment to this program?

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Do you have the ability to travel to Port Townsend for periodic classes & workshops or are you interested in our long-distance off-site program?

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Is there anything else you would like to tell us about yourself?

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Date \_\_\_\_\_

Name (Please print) \_\_\_\_\_

Signature \_\_\_\_\_