

Appendix 3

The 7th European Health Qigong Games PARTICIPANTS' RESPONSIBILITY STATEMENT Disclaimer/Waiver

On my own willingness, I would like to attend the 7th European Health Qigong Games 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 organizer or the host. I hereby agree and comply with all the Tournament regulations made by the host. 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 organizer and the host on TV coverage, radio broadcasting, video recording, media figure or any other media equipment and shall not demand any payment or compensation. I consciously abide by the epidemic prevention policy where the event is located, and promise that any situation related to the new crown epidemic during the event has nothing to do with the organizing committee and the organizer.

I am aware of and fully understand the above statement.

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

My Signature:

Parent or Legal Guardian Signature:

Date: / /2026

Appendix 4 – Form 1

THE 7TH EUROPEAN HEALTH QIGONG GAMES

REGISTRATION FORM

Country/region	
Name of organization	
Number of teams to Games	
Number of athletes to Games	
Number of participants to Health Qigong Training	
Total number of persons	
Accommodation requirement	
Name of the team leader	
Contact of team leader	

N.B. Please send the form to Italy Health Qigong Association (ihqa2016@gmail.com) before
October 1, 2026

Applicant.:

Tel. :

E-mail:

Signature of Person-in Charge.

Date: / /2026

Appendix 4 – Form 2

ENTRY FORM OF THE 7TH EUROPEAN HEALTH QIGONG GAMES

Country/Region.

Delegation.

Leader of the delegation.

Coach.

No.	Name	Gender	D.O.B (D/M/Y)	Passport No.	Events											
					Event	YJJ	WQ X	LZJ	BDJ	DW	MW D	DY YS G	TJZ	12 DJ	Qi Wu	
1					Team											
					Double										---	
					Individual										---	
2					Team											
					Double										---	
					Individual										---	

N. B. Please tick ✓ where applicable. The teams participating in the Qi Wu (Dance) competition are requested to simultaneously select both the routine column and the "Qi Wu" column under the "Events" section. The two team members participating in the same doubles event should mark the same number in the event column. 2. This form can be copied.3. Please send the form to Italy Health Qigong Association (ihqa2016@gmail.com) before October 1, 2026.

O.

Contact person. _____ Tel. _____ Fax. _____ E-mail: _____

Signature of Person-in Charge.

Date: / / 2026

Appendix 4 – Form 3

ENTRY FORM OF THE 7TH EUROPEAN HEALTH QIGONG GAMES HEALTH QIGONG TRAINING

Country/Region.		Delegation.		Please choose the options below (A or B)		What routines have you learned
No.	Name	Gender	D.O.B (D/M/Y)	(A) Technical Training:	(B) Technical Training:	
1						
2						
3						

N.B.. 1.Please brief you at Health Qigong practice field. 2. The form can be copied.

3. Please send the form to Italy Health Qigong Association (ihqa2016@gmail.com) before October 1, 2026.

Applicant. _____ Tel. _____ Fax. _____ E-mail: _____

Signature of Person-in Charge.

Date: / / 2026

Appendix 4 - Form 4

TRAVEL FORM OF THE 7TH EUROPEAN HEALTH QIGONG GAMES

Country/Region.

Delegation.

No.	Arrival				Departure			
	Flight No.	Arrival Time	Arrival Date	Number of persons	Flight No.	Departure Time	Departure Date	Number of persons

N.B. 1. the form can be copied.2. Please send the form to Italy Health Qigong Association (ihqa2016@gmail.com) before October 15, 2026.

Applicant. _____ Tel. _____ Fax. _____ E-mail: _____

Signature of Person-in Charge.

Date: ____ / ____ / 2026

Appendix 4 - Form 5

THE 7TH EUROPEAN HEALTH QIGONG GAMES PAYMENT INFORMATION AND FORM

We are committed to providing the best attendee experience and ensuring an efficient and secure registration process. Please pay all participation fees by bank transfer before participating. The prepayment process for accommodation fees, entry fees and other related expenses is as follows:

1. The registration unit is responsible for submitting the registration information of all participants of the unit uniformly.
2. All participating members must book the designated hotel provided by the Italy Health Qigong Association, otherwise they will not be able to enjoy all the services provided by the Games. The registration unit is responsible for submitting the fees for all participants of the unit in a unified manner.
3. The registration unit is responsible for filling out and submitting this form (Appendix 4, Form 6).
4. The remitter shall bear all banking charges incurred during the remittance process (including fees from the sending bank, intermediary bank, and receiving bank) and operate under the "remitter bears all charges" (OUR) model to ensure that the recipient receives the full contracted amount without any deductions.
5. Full payment received before July 31, 2026 will be entitled to a 10% discount on training and competition fees per person.
6. Fifty percent (50%) of the total team payment must be received in the bank account of the Italy Health Qigong Association by September 1, 2026.
7. The final payment must be received in the bank account of the Italy Health Qigong Association by October 1, 2026.
8. Starting from October 1, 2026, an additional 10% of the training and competition fees will be charged per person for late bookings.
9. Bank information of Italy Health Qigong Association:

Account Name:	IHQHA – ITALY HEALTH QIGONG ASSOCIATION
IBAN:	IT72S 05034 23302 000000014257
BIC / SWIFT:	BAPPIT21406
Bank Name	BANCO BPM

Appendix 4 - Form 6

PAYMENT INFORMATION AND FORM OF THE 7TH EUROPEAN HEALTH QIGONG GAMES

Prices in €

No	Name	Gender (M/F)	D.O.B (D/M/Y)	Passport No.	Individual competition	Double competition	Group competition	Training	Banquet	Accident Insurance	TOTAL €
0	example John Jones	M	1-12-965	NL 123456	€25.00	€25.00	€20.00	€100.00	€ 50.00	€10	€230.00
0	example Scientist Joan	F	1-12-965	NL 987654		€25.00	€40.00	€180.00		€10	€245.00
0	example Jane	F	1-12-965	NL 987604	€50.00	€25.00	€20.00		€50.00	€10	€155.00
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											

N.B. Please send the form to Italy Health Qigong Association (ihqa2016@gmail.com) before October 1, 2026.

Appendix 4 – Form 7

HOTEL BOOKING OF THE 7TH EUROPEAN HEALTH QIGONG GAMES

Country/Region.

Delegation

No. rooms	Room Booking				
	Single 85 €	Double 65 €	Triple 58 €	Quadruple 53 €	Days (Necessary to indicate the day of arrival and departure)

N.B. 1. the form can be copied.2. Please send the form to Italy Health Qigong Association (ihqa2016@gmail.com) before October 01th, 2026.

Applicant. _____ Tel. _____ Fax. _____ E-mail: _____

Signature of Person-in Charge.

Date: ____ / ____ /2026

