

SHAOLIN KEMPO ARTS REGISTRATION FORM AND LIABILITY WAIVER

STUDENT INFORMATION

STUDENT NAME: _____ Age _____ Date of Birth _____ / _____ / _____

Address _____ City _____ Zip _____

Home Phone _____ - _____ - Cell /Work Phone _____ - _____ - E-mail _____

KNOWN ALLERGIES OR SPECIAL NOTES: _____

PARENT INFORMATION

Father's Name _____ Mother's Name _____

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I hereby agree to the following:

- 1.) That my child is participating in a program offered by Shaolin Kempo Arts. I recognize that this program requires physical exertion which may be strenuous and may cause physical injury. I am fully aware of the risks and hazards involved.
- 2.) I represent and warrant that my child is physically fit and has no medical condition which would prevent his or her full participation in the Martial Arts or Parkour program.
- 3.) In consideration of being permitted to participate in a program offered by Shaolin Kempo Arts, I agree to assume full responsibility of any risks, injuries or damages, known or unknown, which might incur as a result of my child participating in this program.
- 4.) In further consideration of being permitted to participate in a program offered by Shaolin Kempo Arts, I knowingly, voluntarily, and expressly waive any claim I may have against Shaolin Kempo Arts and/or any of its instructors, employees, independent contractors, partners, associates, agents or affiliates for injury or damages that my child may sustain arising out of or relating to participating in the program.

Shaolin Kempo Arts takes the wellness and safety of our students, families and staff at the highest level. If a student comes to the dojo with obvious signs of illness at any time, Shaolin Kempo Arts reserves the right to ask the student to leave the premises and not return until they are well. This is in an effort to not spread any virus among our students, families or staff.

_____ I agree to stay home should I have primary COVID-19 symptoms (temperature, coughing, body aches, etc). Additionally, I agree to stay home and not come to the dojo if I am exhibiting other flu-like or cold symptoms so as not to infect others.

_____ I agree to absolve Shaolin Kempo Arts of any liability should my child become ill. I knowingly and voluntarily am bringing myself, family, child to Shaolin Kempo Arts for the purpose of their programs and take responsibility for any potential exposure to public germs and viruses that may bring, COVID-19 or otherwise.

I, my heirs, or legal representatives forever release, waive, discharge, and covenant not to sue Shaolin Kempo Arts and/or any of its instructors, employees, agents or affiliates for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

I CONSENT TO THE ABOVE TERMS AND CONDITIONS

_____/_____/_____
DATE

SIGNATURE OF PARENT OR PARTICIPANT IF OVER THE AGE OF 18

Credit Card Info: (Circle One) VISA, MC, AMEX

EXP. _____ SECURITY CODE _____