



Life Martial Arts Registration Form

Facility, School, Center Name: _____

Students name: _____ Age: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Height: _____ Weight: _____ Gender: M / F

E-mail: _____

Home Phone #: _____ Cell Phone #: _____

Parent / Guardian name(s): _____

Person to contact in case of Emergency

Name: _____ Phone: _____

Disabilities: _____

Comments

Has the student had previous martial arts training ____ Yes ____ No
Women's self defense ____ Tae Kwon DO ____ Self Defense ____ Other ____

Waiver and Release of Liability, Assumption of Risk and Parental and Indemnity Agreement

In consideration of acceptance by the LIFE Martial Arts, Inc. of my registration and participation in the Tae Kwon Do Training Program (the "program"), I do, for myself or the minor child, personal representatives, heirs, assigns, agents, administrators and insurers, hereby release, waive, discharge and covenant not to sue any competitor, referee, coach, instructor, guest, observer, LIFE Martial Arts, Inc., the facility and any and all officers, directors, members, agents, representatives, employees, volunteers, successors, heirs and assigns thereof, from all liability and for any and all loss or damage on account of injury to person or property arising out of or related to, either directly or indirectly, my participation and entry in the above-referenced program, whether caused by the negligence of the releases or otherwise. I understand that Tae Kwon Do is a body contact sport. I understand that, by entering into and participating in this program I am assuming full responsibility for any risk of bodily injury, or property damage arising out of, or in connection with, the program, whether caused by the negligence of releases or otherwise. I agree that this General Release, Waiver of Liability, and Assumption of Risk Agreement extends to all acts of negligence by the releases and is intended to be as broad and inclusive as is permitted by law.

I HAVE READ THE RELEASE, WAIVER OF LIABILITY, AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Applicant/Student _____ Date _____
Parent Signature (if under 18) _____