

Suncoast Karate Dojo Release Form

I hereby agree that in consideration of being given the rights and privileges of a student of *SUNCOAST KARATE DOJO*, or a student of any affiliated or auxiliary class taught by instructors or assistant instructors from *SUNCOAST KARATE DOJO*, either on or off the premises of *SUNCOAST KARATE DOJO*, whether a paying or non-paying student, I shall hereafter and forever fully release said karate school, its owners, instructors, directors, agents, officers and students from any cause of action, claim or liability for expenses, or damages, including, but not limited to, any claims for personal injuries resulting from or arising out of any act or omission, including negligence, by said karate school, its owners, instructors, assistant instructors, directors, agents, officers and students, which may result from my participation in *SUNCOAST KARATE DOJO's* training instruction or related activities, to include participation in affiliated or auxiliary classes taught by instructors or assistant instructors from *SUNCOAST KARATE DOJO*.

I am fully aware, and expressly understand that the training and instruction involved in the karate lessons, self defense classes, and karate camp program and the training and instruction I am to receive, will require strenuous exercise; activities and necessitates bodily contact during sparring, falling exercises and at other times. I am fully aware that any and all of the exercises and activities may result unavoidably in bodily injury to me, and possibly in medical cost which will in no part, nor under any circumstances, be recoverable from *SUNCOAST KARATE DOJO*, nor from its owners, instructors, assistant instructors, agents, directors, officers or affiliated karate students.

I warrant that I am in generally good health and physical condition and to the best of my knowledge do not suffer from high blood pressure, heart disease or any other latent physical disabilities.

If under age 18, a parent or legal guardian has read this and understands it.

Parent/Guardian Signature (if under 18) _____

Applicant Signature _____ Date _____

Suncoast Karate Dojo Application

Student Name _____ Age _____

Address _____ City _____

Birth Date _____ Home Phone _____

Student Cell Phone _____

Student Email _____

Emergency Contact _____

Contact Home Phone _____ Cell _____

If under 18 Parent Information

Parent Name _____

Parent Cell _____ 2nd Cell _____

Parent Email _____

Please list any physical disabilities or major operations on back of sheet.

Please list any previous Martial Arts experience on back of sheet

Where did you hear about us? _____

Office Use Only:

Signed Up By _____

Class _____

Start Date _____

Fee _____

Please Print