



# Jow Ga Shaolin Institute

## Registration Form

Kung Fu \_\_\_\_ Tai Chi \_\_\_\_ Location \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Telephone: (H) \_\_\_\_\_

E-mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

Emergency Telephone: \_\_\_\_\_ Name of Contact: \_\_\_\_\_

If under the age of 18, parent's or guardian's name: \_\_\_\_\_

Years of experience in martial arts: \_\_\_\_\_ Kind and Level: \_\_\_\_\_

Are you in good health with no physical problems? \_\_\_\_\_

Please explain any health or physical conditions or concerns, which would limit your activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have medical insurance? YES \_\_\_ NO \_\_\_

Name of Insurance \_\_\_\_\_ Policy No. \_\_\_\_\_

How did you find out about school? **Internet** **Phone Directory** **Drive By**

**Other** \_\_\_\_\_



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### **ASSUMPTION of RISK & LIABILITY WAIVER**

All persons participating in the Jow Ga Shaolin Institute (hereafter “the *Institute*”) activities as a member or as a guest are required to read, agree to, and sign this waiver before utilizing any of the *Institute*’s training facility, participating in any training, workshop, exhibition, and/or using the *Institute*’s equipment.

I, the undersigned, understand that the *Institute* activities are martial arts, combat, and self-defense related, and that they subject participants to risks. These risks include, but not limited to: injury from being struck by hand, arm, foot, leg, or any martial arts weapons and equipment; injury from the practice of defensive and offensive techniques; injury in the process of being thrown or being subject to any effects of contact with other participants and/or equipment; injury from the effects of weather or training facility environment; injury incurred in travel to and from participating in a martial arts activity; injury from the use of locker and changing rooms and training facilities; all such risks being known and appreciated by me.

Having read this waiver and in consideration of my participation or that of a minor child under my care and understanding the risks associated with this martial, combat, and self defense art, I assume all risks. Furthermore, I do for myself or the minor child, my heirs, executors, administrators, and administrators waive, release, and forever discharge any and all rights and claims which may have or which hereafter occur to me or the minor child under my care against the *Jow Ga Shaolin Institute*, the authorities of the facilities being used for the above purposes and/or the *Institute*, including Master Reza Momenan, officers, instructors, members, and employees along with any sponsors and their representatives and successors.

I also acknowledge that for sparing it is my responsibility to be equipped with protective gear, including but not limited to headgear, mouthpiece, foot and leg protectors, chest protector, groin protector, and like.

**Please consult your physician to ensure the safety of your activities at the *Institute*. The *Institute* is not responsible and will not determine the appropriateness and the safety of activities offered to you.**

Additionally, I understand that at any time during the training, performing, and competing for the *Institute*, any sketches, pictures and/or videos by the *Institute*, taken of me or the child under my care, are the property of the *Institute*. I hereby give permission to the *Institute* to use any and all of said sketches, pictures, and video involving me to be used for training and promotional purposes deemed appropriate by the *Institute*.

**I have read this agreement, fully understand it’s items; I understand that by signing this agreement I or the minor child -- under my care – freely and without any inducement or assurance of any nature have given up substantial rights and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by the law and agree that if any portion of this agreement is held to be invalid that the balance, notwithstanding, shall continue in full force and effect.**

Student’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

OR

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_