



Date: _____

Tomizaki's Champions Kung Fu Institute – Registration

Self Defense - date you wish to attend: _____

Name: _____ Age: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent's Name: _____

Home #: _____ Cell #: _____ Work #: _____

Email Address: _____

Emergency Contact Name: _____ Relation: _____ Phone #: _____

How did you hear about the school? _____ Previous Martial Arts? _____ How long? _____

Any physical limitations? _____ Medication? _____

CHECK BENEFITS BELOW YOU WOULD LIKE TO ACHIEVE FROM KUNG FU TRAINING:

- Self Defense Better Concentration Self Confidence Inner Peace
- More Energy Physical Conditioning Self Discipline Weight Control
- Better Grades Better Mental Attitude Athletic Skill Temper Control
- Respect for Self and Others Other: _____

Statement and Assumption of Risk. I understand that the Classes involve physical contact and strenuous physical exertion and my participation in the Classes can be hazardous to my health. I understand that by participating in the Classes, I am engaging in a contact sport and that I have an increased chance of suffering personal injury, including, but not limited to, bodily harm, permanent disability, heart attack, paralysis, muscular-skeletal injuries, cosmetic injuries and/or death. I understand that these risks cannot be eliminated, irrespective of the care exercised, and may be caused by action, inaction or negligence of myself, other persons or Tomizaki's. I fully understand that the Classes occur in a facility or other places where medical services may not be available. I understand and agree that, if at any time, I feel anything to be unsafe, I will immediately take all precautions to avoid the unsafe situation and refuse to participate. I voluntarily undertake the Classes and agree to accept and assume all risk, known or unknown, associated with my participation in the Classes

Release of Liability and Indemnification. I UNDERSTAND MY PARTICIPATION IN THE CLASSES INCLUDES UNAVOIDABLE RISKS. I, INDIVIDUALLY, AND ON BEHALF OF MY HEIRS, SUCCESSORS, ASSIGNS, AND PERSONAL REPRESENTATIVES, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS AND RELEASE AND FOREVER DISCHARGE TOMIZAKI'S AND ITS OFFICERS, EMPLOYEES, AGENTS, CONTRACTORS, AND REPRESENTATIVES, FROM ANY AND ALL LIABILITY AND ALL CLAIMS AND CAUSES OF ACTION WHATSOEVER FOR ANY DAMAGES TO OR LOSS OF PROPERTY, PERSONAL ILLNESS, OR INJURY (INCLUDING DEATH), WHETHER THOSE INJURIES, DAMAGES, OR LOSSES ARE KNOWN OR UNKNOWN, FORESEEN OR UNFORESEEN, OR PATENT OR LATENT CAUSED BY, DERIVED FROM, OR ASSOCIATED WITH MY PARTICIPATION IN THE CLASSES, THAT I MAY HAVE AGAINST TOMIZAKI'S, AND I WAIVE APPLICATION OF CALIFORNIA CIVIL CODE SECTION 1542.

Initial: _____

The foregoing is submitted in consideration of Tomizaki's allowing me to participate in the Classes. I confirm that I am over 18 and I have read this Agreement of Release and Waiver of Liability. I execute this document with full knowledge of the contents and consequences stated herein. I voluntarily agree to the terms and conditions stated.

Date

Signature of Participant

If participant is under 18: As legal guardian of _____, I consent to the above terms and conditions.

Date

Print name of Parent/Guardian of Participant

Signature of Parent/Guardian of Participant