

SOUTH KC SHOTOKAN, LLC

Release and Waiver of Liability

All participants under the age of 13 must be accompanied by a parent or guardian unless otherwise previously arranged with instructor through signed agreement. In signing this document, you are waiving the right to bring a court action to recover compensation or obtain any other remedy for any personal injuries, damage or loss of property, and / or accident of any kind arising out of participation in the training activities of the South KC Shotokan, LLC dojo.

I hereby agree to release, indemnify and hold harmless South KC Shotokan, LLC, Eric D. Banks, and volunteer assistants, other students, visitors or persons who may be present, from any cause of action, claim or demands whatsoever. This agreement is binding even if the released persons have contributed to accidental injuries through their individual or collective negligence. This agreement is binding on me, my heirs, next of kin, assigns and personal representatives.

Traditional karate training has inherent risks. I hereby acknowledge and agree that karate training and the use of the South KC Shotokan, LLC dojo and equipment has inherent risks. Risks include, but are not limited to injuries resulting from: contact with the instructor or another participant, use of dojo equipment, slips, trips, throws, falls or other, as well as personal health problems, physical conditions or other personal areas of concern; individual negligence of the owner, or volunteer assistants, other students, visitors or persons who may be acting in an individual capacity; negligence or lack of adequate training of any person(s) who seek to assist with medical or other help; the application of learned skills in a real world situations.

I am aware of these and numerous other inherent risks in using the South KC Shotokan, LLC facilities. I fully and voluntarily assume complete responsibility for those risks and for the injuries that may occur as a result of those risks even if injured in a manner that is not foreseeable at the time I sign this agreement. In consideration of training at the South KC Shotokan, LLC dojo, I, the undersigned, have read this document, understand it is binding, and agree to release all from liability, discharge and promise not to sue. In signing this release I also assert that I, or the person for whom I am signing, is presently in good physical, mental and emotional health.

Adult Signature _____ Age _____

Print Name _____

Date: _____

For participants under 18 yrs old

Youth Name _____ Age _____

Parent / Guardian Signature _____

Print Name _____

Date: _____

SOUTH KC SHOTOKAN, LLC

STUDENT INFORMATION

Please print

Name: (Mr./Ms/Mrs.) _____
(first, middle initial, last)

Parent(s) Name(s): _____
(if student is under 18)

Age: _____ Date of Birth: _____ Occupation / School Grade: _____

Phone (h): _____-_____-_____, (c): _____-_____-_____, (other): _____-_____-_____

E-mail: _____

Emergency contact (name / number): _____/(_____)_____

Address: _____
(street, apt, etc)

_____, _____, _____
(city) (state) (zip code)

Current rank: _____

List other martial art experience (use back of page if necessary):

Interest / hobbies (use back of page if necessary):

Health related issues that may affect / be affected by training:

Date: _____