

# Cutting Edge Martial Arts

## Registration Form and Liability Waiver

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F  
Name of Parent or Guardian (if under 18): \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Whom should we contact in case of emergency? \_\_\_\_\_  
Relation of contact to yourself: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
School Attended (if minor): \_\_\_\_\_ Grade or Year: \_\_\_\_\_  
Why are you interested in martial arts(circle)? Fitness Self-Defense Cross Training Fun  
Focus/Discipline Other: \_\_\_\_\_  
How did you find Cutting Edge Martial Arts(circle)? Yelp Facebook Web Search Phone Book Twitter  
Event Friends Posters Other: \_\_\_\_\_  
Is there anything else you want us to know about the student's learning style, challenges, etc.?  
\_\_\_\_\_  
If the student has prior experience in martial arts, what rank was achieved? \_\_\_\_\_  
Experience in other martial arts, if any? \_\_\_\_\_

This Agreement is entered into the upon date set forth below Cutting Edge Martial Arts and/or Mark Austin and the Enrollee or Guardian whose name is set forth on the bottom of this form and who has caused his or her signature to be affixed hereto (hereinafter referred to as "Student"). All references herein to Student shall be deemed to include, as appropriate, the minor on whose behalf his or her guardian is executing this Agreement.

Student agrees to abide by the rules and regulations governing the conduct of students and observers and the operation of instruction sessions, all of which have been promulgated by the Dojang in order to promote efficiency, safety, and a clean training environment. Student acknowledges and agrees (i) that rules and regulation governing the Dojang have been adopted, and may be changed from time to time, (ii) to abide by all such rules and regulations as adopted or hereinafter amended, (iii) that the hours of operation and schedule of classes may be changed at the discretion of the Dojang and (iv) that the Dojang reserves the right to revoke or terminate any enrollment.

Student understands that Taekwondo training may involve intense physical exercise and Student certifies that Student is in good physical and mental condition, and that Student has not been advised by any doctor or physician not to engage in such physical activities as are involved in training at the Dojang. Student further certifies that Student has notified the Dojang of any physical or mental condition which may affect Student's health or safety, or the safety of others while training at the Dojang.

Student agrees that all exercises and/or courses are undertaken at Student's own risk. Student understands the procedures and exercises involved in instruction and participation as explained to him/her by an instructor or assistant of the Dojang. Student understands that there is a risk of personal injury or medical trauma involved in the course of instruction and, with this knowledge, hereby indemnifies and holds harmless the Dojang from all losses caused by accident, injury or trauma to Student, or to any third party who may be with Student, in the event that Student or said third party is injured or harmed in any way during the performance or execution of exercises.

Neither the Dojang, its agents or employees shall be held responsible for damaged, lost or stolen articles, inside or outside the Dojang's facilities.

Student hereby irrevocably authorizes the Dojang, its successors and assigns, and those acting under its authority, to copy, use or publish, for art, advertising, trade, or any other lawful purpose whatsoever, photographic portraits, pictures or videotapes of Student, in which Student may be included in whole or in part, without any cost.

No refund will be given.

Student Name: \_\_\_\_\_ Student/Guardian Signature and Date: \_\_\_\_\_