



Bob Lynn's Kenpo Karate

Student Name: _____ Date: _____

Date of Birth: _____ Parent/Legal Guardian Name: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____ Check box to receive text/voice alerts

Emergency Contact: _____ Emergency Number: _____

How did you hear of us? _____

Program:

Group Class Private Program(s) Seminars Kickboxing Other _____

MEDICAL/WAIVER OF LIABILITY/ INDEMNIFICATION CLAUSE

Do you have any physical or mental conditions in which you are under the care of a physician for that would prevent you from taking part in a martial arts program?

(circle one) YES NO

Answering YES to this question will require you to get a physician's clearance before starting a martial arts/kickboxing or any program offered by Bob Lynn's Kenpo Karate.

The buyer/student, for himself/herself, and/or on behalf of the member, understands that any martial arts, kickboxing or any exercise program undertaken may create physical stress resulting in harmful effects and assumes such risk. The buyer/student, for himself/herself, and/or on behalf of the member, agrees that it is solely his/her responsibility to consult with a physician prior to commencing any exercise program, to remain under medical supervision if that is indicated, to seek medical assistance in the event of any injury, and to inform Bob Lynn's Kenpo Karate, of any adverse change(s) in medical condition. The buyer/student certifies that he/she has been urged to consult a physician about any special condition which would make the member unusually susceptible to injury and immediately advise Bob Lynn's Kenpo Karate of such condition in writing. The buyer/student certifies that he/she knows of no physical condition that would make the member unusually susceptible to physical injury.

Photo release: I hereby give Bob Lynn's Kenpo Karate, its staff, management and organization the absolute right and permission to publish, copyright, and use any and all pictures or video of me, in any media forum, in which I may be included in whole or in part, composite or retouched in character or form, in conjunction with any Bob Lynn's Kenpo Karate activity. If the person photographed is under 18, I certify that I am his or her legal guardian and give my consent without reservation to the foregoing on his or her behalf.

Any Martial Arts/kickboxing/exercise program involves physical contact to both persons and training objects and there is a risk that injury may result. While understanding this risk, the undersigned student and/or parent assumes the risk of injury and assumes responsibility for his/her own safety. In consideration of receiving martial Arts/kickboxing/exercise instruction, the undersigned student/parent does for himself, his heirs, his executors, and administrators waive, release, discharge, and hold harmless, Bob Lynn's Kenpo Karate, its owners, officers, employees, agents, representatives, successors, and/or assigns, and any other persons or entity associated with such instruction from and against any and all damages, injuries, losses, or expenses arising from, but not limited to, the participation in martial arts/kickboxing/exercise instruction, the action or omission of any of the above representative, or the use and/or publication of any pictures, photos or video or website reproductions and the transportation of student to and from all existing and future locations. I also give permission for my child to leave the karate premises for any karate school related event. The undersigned student/parent, in addition to acknowledging and executing the above waiver, agrees to indemnify Bob Lynn's Kenpo Karate, it's owners, officers, employees, agents, representatives, successors, and /or assigns, and any other person or entity associated with such instruction, for any damages sought by said student or on behalf of said minor. Full contact karate/kickboxing is strictly prohibited and only light tag contact is allowed. Protective equipment must be worn at all times during sparring.

Witness

Student/Buyer Signature

Date

Parent/Guardian (if under age 18)