



SMITH TAE KWON DO

of Simi Valley

ENROLLMENT APPLICATION

(Last)	(First)
ACCOUNT NAME: _____	STUDENT NAMES: _____
ADDRESS: _____	CITY: _____ ZIP: _____
TELEPHONE: _____	BIRTHDAY/S: ____ / ____ / ____ OCCUPATION: _____
SPECIFY PHYSICAL HANDICAPS: _____	

AGREEMENT & RELEASE FROM LIABILITY (Promise Not To Sue)

Voluntary Participation

1) I _____, (RELEASER/STUDENT) acknowledges that I have voluntarily applied to participate in karate instruction, including, but not limited to exercise, tumbling, and sparring with the instructors and/or other students, at the premises of Smith Tae Kwon Do, located at 543 County Club Dr. Unit C, Simi Valley, CA 93030 and at such locations as designated by the instructors.

Assumption of risk

2) I am aware that karate is a hazardous and strenuous activity. I am voluntarily participating in these activities with acknowledge of the danger involved, and I hereby agree to expect any and all risks of injury or death and verify this statement by placing my initials here: _____.

Release

3) As further consideration, and in addition to any fees for instruction I may pay for being permitted by Smith Tae Kwon Do or one of its affiliated organizations to participate in these activities and use of their facilities, I hereby agree that I, my assignees, heirs, distributees, guardians, parents, and legal representatives will not make a claim against, sue or attach the property of Smith Tae Kwon Do or its lessor and any of its affiliated organizations, or employees or agents for injury or damage resulting from negligence or other acts, however cause, by any employee, agent or contractor of Smith Tae Kwon Do. I hereby release Smith Tae Kwon Do and any of its affiliated organizations from all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, and legal representatives now have or may have hereafter for injury or damages resulting from my participation in karate instruction.

Knowing and voluntary execution

4) I have carefully read this agreement and fully understand its contents. I have had an opportunity to ask questions about it. I am aware that this is an affiliated organization and sign it of my own free will.

RELEASER/STUDENT Signature
Endorsement and agreement of parents or gardians
(when students under 18 years)

DATE: _____ / _____

WITNESS Signature