

Skinner's Martial Arts and Supplies Application and Release for Classes

Start Date: ___/___/___ Student Name: _____

Age: _____ Phone #'s: _____

If Under 18:

Parent/Guardian Name: _____

Other Parent/Guardian: _____

Address:

Email:

The **STUDENT** and **PARENT/GUARDIAN** (if applicable) warrants, represents, and acknowledges, that **SKINNER'S MARTIAL ARTS AND SUPPLIES**, has fully informed him/her of the nature and risks involved in the sporting and athletic activities taught; that he/she is physically and mentally fit to participate in such activities; that he/she will not use the knowledge and skills acquired from **SKINNER'S MARTIAL ARTS AND SUPPLIES IN ANY WAY BUT A DISCREET AND JUDICIOUS MANNER** and for **SELF DEFENSE ONLY**; that he/she will abide by the **RULES AND REGULATIONS** of **SKINNER'S MARTIAL ARTS AND SUPPLIES**; that he/she assumes the risk of any and all **ACCIDENTS** and **INJURIES** of any kind sustained by him/her by reason of or in connection with said activities, and hereby **RELEASES DISCHARGES AND ABSOLVES SKINNER'S MARTIAL ARTS AND SUPPLIES**, its agents, programs, facility owners and employees for and from any and **ALL LIABILITY** or **RESPONSIBILITY** for such **ACCIDENT** or **INJURIES**, whether the same are caused by or attributable to their negligence of any of them. I also authorize that **SKINNER'S MARTIAL ARTS AND SUPPLIES** has the right to use all photographs or video taken of me or my child while participating in the **SKINNER'S MARTIAL ARTS AND SUPPLIES** programs for advertising and promotional material.

AGREEMENT MADE THIS _____ DAY OF _____, 20____
APPROVED AND AGREED TO:

X

Student Signature or Signature of Students Parent/Guardian if Under 18

MEDICAL INFORMATION

Physical Condition of Student (circle one)

Excellent Good Fair

Student's Physician

Name: _____

Address: _____

City: _____ State: _____

Phone: _____

Do you have any impairment that would hinder you from participating in this class?

YES NO

If Yes, Please explain.

Other Notes:

Miscellaneous Information:

SEX: Male Female

Have you ever studied any type of martial arts? No ___ Yes ___ If yes,

When? _____

Where? _____

In case of emergency, the Instructor has my permission to seek medical attention for me or my child listed above. I release Skinner's Martial Arts and Supplies and any instructors, and its agencies and principals from liability of injury resulting from participation in any class, competition or tournament related to this registration form.

X _____

(SIGN) PARENT OR GUARDIAN OF STUDENT (SIGN) STUDENT OVER 18 YEARS OLD