



BUDO-KAI INTERNATIONAL TACTICAL TRAINING OPTIONS



*** REGISTRATION FORM ***

COURSE TITLE _____

I / we understand that neither the Budo-Kai International – Tactical Training Options, nor any of their affiliates, facilities, management, assigned instructors, agents, associates, partners, co-venturers, representatives nor employees provide insurance of any kind.

I / we acknowledge the existence of certain risks inherent in the study and/or practice of any Martial Art or Defensive Tactics Training and hereby agree to assume any and all risks of injury or loss upon myself / ourselves.

I / we further relieve the Budo-Kai International – Tactical Training Options and/or any of their affiliates, facilities, management, assigned instructors, agents, associates, partners, co-venturers, representatives, employees and/or any fellow participants from any liability resulting from personal injury and/or loss of personal property.

I / we further acknowledge and understand that certain Rules and Regulations governing the practice of martial arts / defensive tactics is necessary and that I / we agree to abide by all such Rules and Regulations adopted, including the scheduled time for instruction.

I / we further stipulate that the below named student participant(s) is/are personally physically sound and that I have, or that he/she has, full medical approval to proceed with this type training.

I / we further agree that this release shall remain in force indefinitely from the effective date as indicated below:

STUDENT NAME (Print Legibly)	STUDENT SIGNATURE	AGE	GUARDIAN'S SIGNATURE <small>(Required for all participants under the age of "Majority" – eighteen (18) years).</small>

Effective Date: Day _____ Month _____ Year _____

Note: By signing this form, I / we stipulate and affirm that I / we have read and, having each explained to me, do fully understand all of the above statements and do fully agree to all terms and conditions without recourse.