



(206) 522-2457

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319 NE 72nd St

Seattle WA 98115

Participant First Name: _____ Middle Initial: _____ Last Name: _____

Sex: _____ Birth Date: _____ Email: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Previous Martial Arts Training: _____

Please list any mental or perceptual difficulties or physical disabilities that may inhibit martial arts training:

Do you use any type of prescription medication? If yes, please explain: _____

Emergency Contact Person(s): _____

Phone Number: _____ Relationship: _____

I, the undersigned, do hereby voluntarily assume full responsibility and waive all claims against the Greenlake Martial Arts School, LLC for any injuries or losses I may sustain at this school.

I understand that Martial Arts training can be physically dangerous and that if an accident happened it could cause injury or death. Specifically, participant agrees to hold harmless the School and all other individuals, organizations, sponsors, promoters, operators, hosts, instructors, associations, schools, owners, officials, directors, employees and other participants connected with the class from all losses, damages, injuries, causes of actions, claims, or complaints in the event that the participant is damaged or injured in any way during the participation, instruction and/or performance of any exercise or during any activity associated with the class location or during transit to or from the class.

Participant agrees that any pictures, audio, or visual recordings taken of him/her in connection with the class can be used for publication, promotion, articles, shows and advertisement without additional consent and without compensation at this time or any other time.

Participant further agrees to strictly obey instructors and observe safety rules.

Because of the physical demands of this program, participant understands that he/she must be in good physical condition to participate in the class. Participant understands that in case of injury, the only medical treatment Greenlake Martial Arts School, LLC will provide is first aid.

Participant agrees that any pictures, audio, or visual recordings taken of him/her in connection with the class can be used for publication, promotion, articles, shows and advertisement without additional consent and without compensation at this time or any other time.

I am over 18 years of age. (If not over 18 years of age, parent or guardian must sign.)

Signature: _____

Date: _____