

KRIEGISCH MARTIAL ARTS

4 Class Trial Program Students Ages 5 and up

REGISTRATION AND INSURANCE RELEASE

STUDENT NAME _____ DATE ____/____/____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ BIRTHDATE ____/____/____ AGE ____ SEX: M F

EMAIL ADDRESS _____

NAME OF PARENTS _____

HEALTH CONDITIONS (List any physical handicaps) _____

I, the parent or guardian in consideration of my child's participation in martial arts lessons, do hereby assume all risk of personal injury. Acting for myself and/or child, my heirs, personal parties and assigns, I do hereby release the owners, instructors and visiting instructors of KRIEGISCH MARTIAL ARTS, branch dojos, owners of the property where said lessons are given, agents and organizations from all liability including all claims at law, which may result directly or indirectly from my child's participation in said martial arts activity.

PARENT SIGNATURE _____

STUDENT SIGNATURE _____

DATE ____/____/____ WITNESS _____

AMOUNT DUE \$39.95 PANTS _____ T-SHIRT SIZE _____

PLEASE NOTE.....no videotaping or photography is permitted while students are on the mat during the trial class program. Food and drink are also not allowed in the dojo.