



CKD Academy of Martial Arts Registration Form

STUDENT INFORMATION

(Please Print)

Name: _____ Sex: M / F (circle one)
(First) (Middle) (Last)

Age: _____ Date of Birth: _____ Occupation: _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

List Any Medical/Physical Problems: _____

How did you hear about us? _____

PREVIOUS MARTIAL ARTS TRAINING

Martial Arts School Attended: _____

Style of Martial Arts: _____ Dates Attended: _____

Applicant's Rank: _____ Date of Last Promotion: _____

PARENT INFORMATION (IF STUDENT IS A MINOR)

Mother's Name: _____ Contact Number: _____

Address: _____ City _____ State _____ Zip _____

Father's Name: _____ Contact Number: _____

Address: _____ City _____ State _____ Zip _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relation: _____

Phone Number(s): _____

Name: _____ Relation: _____

Phone Number(s): _____

EMAIL

Email Address: _____

Would you like dojo newsletters, announcements, and reminders emailed to you? Yes No

OFFICE USE ONLY:

Reg. Date: _____ Program: _____ Start Date: _____

Waiver: _____ Uniform: _____ Reg Fee: _____

Release and Waiver of Liability and Indemnity Agreement

(Read Carefully Before Signing)

In consideration of being permitted to participate in any way in the Martial Arts Program indicated below and/or being permitted to enter for any purpose any restricted area (here in defined as any area where in admittance to the general public is prohibited), the parent(s) and/or legal guardian(s) of the minor participant named below agree:

1. The parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating in the below martial arts activity or event, he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agree that, if at any time, I feel anything to be UNSAFE; I will immediately take all precautions to avoid the unsafe area and REFUSE TO PARTICIPATE further.
2. I/We fully understand and acknowledge that:
 - a. There are risks and dangers associated with participation in martial arts events and activities which could result in bodily injury partial and/or total disability, paralysis and death.
 - b. The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe.
 - c. These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but not limited to, the Releasees named below.
 - d. There may be other risks not known to us or are not reasonably foreseeable at this time.
3. I/WE accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releasees named below.
4. I/We HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the martial arts facility used by the participant, including its owners, managers, promoters, lessees of premises used to conduct the martial arts event or program, premises and event inspectors, underwriters, consultants and others who give recommendations, directions or instructions to engage in risk evaluation or loss control activities regarding the martial arts facility or events held at such facility and each of them, their directors, officers, agents, employees, all for the purpose herein referred to as "Releasee"...From all liability to the undersigned, my/our personal representatives, assigns, executors, heirs and next of kin For any and all claims, demands, losses or damages and any claims or demands therefore on account of any injury, including but not limited to the death of the participant or damage to property, arising out of or relating to the event(s) caused alleged to be caused in whole or in part by the negligence of the releasee or otherwise.
5. I/We HEREBY acknowledge that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
6. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.
7. On behalf of the participant and individually, the undersigned partners(s) and/or legal guardian(s) for the minor participant executes this Waiver and Release. If, despite the release, the participant makes a claim against any of the Releasees, the parents(s) and/or legal guardian(s) will reimburse the Releasee for any money which they have paid to the participant, or on his behalf, and hold them harmless.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Martial Arts School CKD ACADEMY OF MARTIAL ARTS

Student/Participant Signature _____

Parent or Guardian Signature (if minor) _____

Printed Name of Participant _____

Address of Participant _____

Received by _____ Heather Christensen _____
Registrar Signature *Printed Name* *Date*



CKD Academy of Martial Arts

Photo/Video Release Form

CKD Academy of Martial Arts may use photos and/or video of students on the website, Facebook, and/or other advertising including but not limited to, print advertising and television commercials. Please check the appropriate place and sign below. To change your decision at any time, please see an instructor.

_____ Yes, I agree to allow CKD Academy of Martial Arts to use my likeness.

_____ No, I would not like CKD Academy of Martial Arts to use my likeness.

Student Name: _____ Date: _____

Student Signature: _____

(if under 18)

Parent/Guardian: _____ Date: _____

Parent/Guardian Signature: _____