

# White Cobra Martial Arts - Student Application & Liability Waiver

*You must be healthy enough for physical activity to join (consult your doctor). Minors must have a parent or guardian's signature.*

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Parent or Guardian Names (if a minor) \_\_\_\_\_

## How did you find us?

Internet Search    Facebook    Parker's Place    Posted Flyer (where?) \_\_\_\_\_  
 Friend Referral (include their name) \_\_\_\_\_    Other \_\_\_\_\_

## What interested you in martial arts? (Check all that apply)

Stress Relief    Weight Loss    Build Strength    Discipline    Self Defense    Try Something New  
 Other \_\_\_\_\_

## Does the student have any medical conditions that we should be aware of?

\_\_\_\_\_

By signing, I recognize and acknowledge that there are certain risks of physical injury to participants in the programs and I agree to assume full risk of any injuries, including death, damages or loss, and all activities connected or associated with such programs. I agree to waive and relinquish all claims I or my minor child/ward may have against Tai Chi Jon LLC, and any and all of its instructors, assistants, officers, agents, servants, and employees as a result of participating in the programs. I do hereby fully release and discharge Tai Chi Jon LLC, and all instructors, officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses, sustained by me or my minor child/ward arising out of, or connected with, or in any way associated with the activities of the programs. In the event of an emergency, I authorize Tai Chi Jon LLC and all instructors, officers, agents, servants and employees to secure from any licensed hospital, physician, and/or medical personnel, any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be solely responsible for payment of any and all medical services rendered. I have read, and fully understand the waiver and release all claims.

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Parent or legal guardian if student is a minor)

**Communication Opt Out:** *check here if you do NOT want us to contact you by email or phone. If left unchecked, we may contact you occasionally with class news and promotions. Your phone and email will only be used for notifications on martial arts classes:* \_\_\_\_\_