



Tae Ryu Jitsu Karate Studio Registration Form and Liability Release/Waiver

Tae Ryu Jitsu Karate Studio
Master John Nelson
7 Paddock Hills Plaza
Florissant , Mo 63033
314-838-8268

PERSONAL INFORMATION (please print or type)

Participant's Name: _____

Name of Parent or Legal Guardian: _____

Relationship to Participant: _____

Street: _____

City, State, Zip: _____

Date of Birth: _____ Grade in School: _____

Name of School: _____

Ph. Number: _____ Alt. Ph Number: _____

Email Address: _____

In accordance with the conditions and liability release below. I designate the following chaperone to supervise my child:

_____ Over 21? ___Yes ___ No

CONTRACT:

I, in my own behalf and/or on the behalf of Participant, acknowledge and understand that this is a one year binding contract with Tae-Ryu Jitsu Karate Studio. Also, that I am obligated to pay the monthly fee on the designated day that is established with Tae- Ryu Jitsu Karate Studio. Also, I, in my own behalf and/or behalf of Participant, understand that a late fee will be assessed for my payments made after the fifth date of the month.

LIABILITY RELEASE AND WAIVER

Every Participant must submit a completed signed release at the time of registration in order to participate.

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I (print parent/guardian name) _____, as a parent or legal guardian of _____, a Participant (hereinafter "Participant"), hereby grant the permission necessary to allow Participant to participate in Tae Ryu Jitsu Karate Studio (hereinafter "Studio") to be conducted by Master John Nelson, and all affiliated schools and appointed instructors. I, on my own behalf and/or on the behalf of Participant further agree to release and hold harmless the Studio, Master John Nelson, all affiliated schools and appointed instructors on whose premises the Studio will operate and participate, the respective partners, representatives, affiliates and employees of the Studio (hereinafter "Releases") from any and all liability whether caused by the negligence of the Releases or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Studio and Releases including any claim arising out of or connected with any injury or illness (minimal, serious, catastrophic, and/or death) that Participant may incur or sustain during participation with the Studio and/or Releases, and while travelling to and from the Studio and Studio related activities, and all activities associated with the Studio. I further expressly agree to indemnify and hold harmless Releases and Release's heirs, successors, assigns, executors and the administrators against loss from any claims, demands or actions that may subsequently be brought by Participant or any other persons on the account of damages of any character resulting to Participant in any way from the foregoing activities. I further agree to reimburse and to make good to the Releases any loss or costs Releases may have to pay as a result of any such action, claim, or demand.

MEDICAL RELEASE:

I, in my own behalf and/or on the behalf of Participant, acknowledge and agree that such participation in Studio and Studio related activities subjects the Participant to the possibility of physical illness or injury (minimal, serious, catastrophic, and/or death) and that I, in my own behalf and/or on the behalf of the Participant, acknowledge that Participant is assuming the risk of such illness or injury by participating in the Studio and Studio related activities. In case of such illness or injury, I authorize the Studio to obtain necessary medical treatment for Participant and hereby, in my own behalf and/or on the behalf of Participant, release and hold harmless Releases in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of Participant for any illness or injury that Participant may sustain during Studio activities, activities related to the Studio, and while traveling to and from Studio and Studio related activities.

SUPERVISION:

A chaperone (age 21 or over) is required to attend with Participants under the age of 16. I will appoint Chaperone and agree that Chaperone will be responsible for Participant at all times. Neither the Studio nor its Releases are responsible for Participant’s supervision.

APPEARANCE AGREEMENT:

I understand that the Studio from time to time produces promotional material relating to its programs. I understand that as a Participant and/or spectator at the Studio and Studio related activities that Participant may be included in videotapes, DVDs, podcasts and video casts, online video, or photographs taken during the Studio activities and activities related to the Studio. Therefore, without reservation or limitations, I , in my own behalf and/or on behalf of Participant, hereby assign, transfer and grant to the Studio , its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape Participant and utilize such videos and photographs and Participant’s name, face, likeness, voice and appearance as part of the Studio or in any other media now in existence or hereafter developed, in advertising and promoting the Studio. I further understand that neither the Studio nor any third party is under any obligation to exercise any of the foregoing rights, licenses, and privileges herein granted. I waive any rights to inspect or approve the programs, copies thereof and any promotional materials related thereto.

SIGNATURE:

I, in my own behalf and/or on behalf of Participant, hereby warrant that I have read this Liability Release and Waiver in its entirety and fully understand its contents. I, in my own behalf and/or on behalf of Participant, am aware that this Liability Release and Waiver releases Releases from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and/or on behalf of Participant, further acknowledge that nothing in this Liability Release and Waiver constitutes a guarantee that the Studio will operate on any given day. I, in my own behalf and/or on behalf of Participant, have signed this document voluntarily and on my own free will.

Signature of Parent/Guardian: _____ Date: _____

I, identified herein as Participant, understand the seriousness of the risks involved in participating in the Studio and my personal responsibility for adhering to Tae Ryu Jitsu Karate Studio rules and regulations.

Signature of Participant: _____ Date: _____