

SOUTHERN OREGON KUNG FU SAN SOO

-Release & Registration Form-

Name: _____

Address: _____

Phone: _____

Email: _____

Date Of Birth: _____

Parents/Guardian: _____

Persons Authorized to Pick-Up: _____

Emergency Contact Information: (please list at least one emergency contact)

Name/Relationship/Phone: _____

Name/Relationship/Phone: _____

Please list – Medications / Medical Conditions / Allergies:

Release of Liability for an Athletic/Social activity:

I hereby wish to enroll as a student of Southern Oregon Kung Fu San Soo, to be held at the Mixed Martial Arts & Fitness Center / Grants Pass, Oregon. I understand that this Activity does involve Martial Arts and students will be expected to grab and be grabbed, as well as both, hit and kick at one another and be thrown to the ground, all in a organized manner under the direction of a Martial Arts Supervisor. Unruly behavior will not be tolerated and any student can be asked to leave or sit out or, to practice some form of exercise in a solitary portion of the classroom. Martial Arts practice can cause injuries such as – Broken bones, torn muscles, nerve damage, internal damage, mental or neurological problems, coma and death. Extreme care must be taken when practicing alone, or with a partner, or a group of students; as to not cause harm to one another, or oneself. Do not use Martial Arts outside the classroom except to defend life, or for exercise. **Media participation** is required during class time as the Martial Arts activity may have segments produced for private sale to parents, commercial marketing and internal promotions – As well as the possibility of segments being edited for air on RVTV, or other. I understand these precautions and accept responsibility for any and all damages that are unforeseen and hereby release all liability of the school – the teachers – the other students and parents as well as the community center, from any actions to be taken in a court of law for the purposes you have released, stated above, or other associated liabilities. I understand the Above Liabilities and Agree to follow all Rules and Regulations set forth by the School and the Center. Agreed By –

Signature: _____ Date: _____