

AS A STUDENT
IN THE
SHUURIN DOJO, LLC

Please print

Name: _____

Date: _____

Address: _____

Birth Date: _____

City / State / Zip _____

Phone: _____

Occupation or place of employment: _____

Phone (work): _____

E-Mail Address: _____

If junior member. Parent's / Guardian's name: _____

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WAIVER OF DAMAGE CLAIMS

I understand that in all martial arts training there is the danger of possible bodily injury, and I participate in training voluntarily assuming that risk. In consideration for the instruction which I receive at Shuurin Dojo LLC, I agree that in the event of my sustaining any injury which may result from participation in club activities, I will not bring suit against Shuurin Dojo LLC, employees, instructors, members, guests or the venue to which the class is being held. I further release its owners and instructors from any and all acts of negligence.

(In case of applicant who is a minor, the undersigned parent or guardian waves and releases all claims of behalf of applicant.)

Signature of Applicant: _____ Date: _____

Signature of Parent or
Guardian of Applicant: _____

In case of Emergency, list name and phone number of person to call.

Name: _____ Phone: _____

List any physical restrictions below. If none, write "none".