

NAME:

HOME PHONE:

CITY:

CELL PHONE:

ZIP CODE:

E-MAIL :

OCCUPATION:

BIRTHDAY:



Welcome to House of Courage Karate

www.houseofcouragekarate.com 214.773.8213



How did you hear about us?

Have you ever done Martial Arts before? Yes No

If yes, When was the last time? _____ Where? _____

For how long? _____

What other activities are you currently involved in? _____

Do you have any health conditions or injuries we need to be aware of?

Please explain: _____

Why do you want to learn Martial Arts? Please select up to three reasons below:

- Self Defense
 Self Confidence
 Fitness
 To compete
 Social Activity
 Reduce Stress
 Self Discipline
 Fun
 To learn Martial Arts

Other, please explain: _____

ACKNOWLEDGEMENT AND RELEASE FORM

I, the applicant, on behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby forever release, discharge and hold harmless House of Courage Karate, representatives and agents for any injury, loss or damage to my person or property howsoever caused, arising out of or in connection with my taking part in Martial Art Classes, Self Defense Seminars and activities and notwithstanding that the same may have been contributed to or occasioned by the negligence of Champion Martial Arts Academy, representatives or agents. Please note: Participants must supply their own protective equipment.

The undersigned acknowledges that:

1. He/She is desirous of using, as a member on a membership basis, the Martial Arts School herein referred to as "House of Courage Karate"
2. He/She has received a completely executed copy of this agreement.
3. He/She confirms that there were no verbal presentations other than those specified in this agreement.
4. He/She may be photographed or filmed while attending at the premises of Champion Martial Arts Academy and he/she gives permission to Champion Martial Arts Academy, and any affiliates to use any and all photos, video footage, and/or video streaming for promotional, sales, publicity, and advertising purposes for all media including internet.
5. The waiver was read and he/she agrees to abide by it.

If student is under age 18, please provide complete information below:

HOC Staff

Parent / Guardian Name

Date

Guardian/Student Signature