

Jared's Martial Arts Dojo Registration

First Name: _____ Last Name: _____

Age: _____ Date of Birth: ___/___/_____

To Be Completed By Student And / Or Parent / Guardian – If Under Age 18

Student and / or Guardian Name:

First Name: _____ Last Name: _____

Home Phone :

Cell Phone:

Address: _____ City: _____

Waiver and Release

I do hereby agree to participate in the Jared's Martial Arts Dojo located at Fairview Alberta. The responsible party must read the entire contract before signing.

I recognize the risks of injury that are common to any performing arts program that my child or I participate in and I do hereby waive and release Jared's Martial Arts Dojo from and against any and all claims, actions, causes of action, damages, costs, liabilities, expense of judgments, including attorney's fees and court costs, that arise out of my participation in this program. I hereby execute this Waiver and Release form permitting my minor child and / or myself to participate in the program.

By signing below indicates that you have read the Waiver and Release guidelines, terms and conditions, and regulations on this contract and fully understand the contents. This contract will remain on file in the Martial Arts Dojos office unless the terms and conditions change. At that time a new contract will be executed.

I have executed this Waiver and Release this _____ day of _____, 20_____.

Signature of Student or Parent / Guardian if under the age of 18

Signature of employee of Jared's Martial Arts Dojo

