

Tai Chi Mantis Institute, LLC

Registration Form Tai Chi Chuan

Please type or print legibly.

NAME _____ **DATE** _____
Last First M.I.

ADDRESS _____
Street Apt

City State Zip

PHONE _____ **EMAIL** _____

BIRTHDATE ____/____/____
Month Day Year

OCCUPATION _____

**Do you have any prior injuries or health conditions that might affect your ability to train?
(Check one)**

- No
 Yes **If yes, please explain** _____

How did you hear about our school?

IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME _____ **RELATIONSHIP** _____

PHONE _____

ADDRESS _____

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

I acknowledge that martial arts training, like other vigorous athletic training is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. These risks are inherent to martial arts training. Such risks include, by way of example and not for limitation, those caused by physical or mental exertion, terrain, facilities, temperature, weather, condition of students, equipment, vehicular traffic, actions of other people including, but not limited to instructors, contact between students, and/or between students and instructors, that may increase the risk of injury. I understand that there may be an increased risk in training that involves such activities and I hereby knowingly and voluntarily assume all of the risks of participating in all such training activities. I understand that as a student of the "Tai Chi Mantis Institute LLC", I may be invited to participate or otherwise volunteer in martial arts tournaments, seminars and/or demonstrations and that this Accident Waiver and Release of Liability shall apply to all such events in which I might participate. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being hereby released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault. I hereby knowingly and voluntarily assume all the risks of participating as a student and/or volunteer.

I certify that I am physically fit, sufficient to participate in martial arts training and have not been advised otherwise by a qualified medical professional.

I acknowledge that this Accident Waiver and Release of Liability will be used by the "Tai Chi Mantis Institute LLC," its directors, officers, instructors, student employees, volunteers, representatives and agents for all martial arts training in which I participate or volunteer, and that it will govern my actions and responsibilities during such training and at said events.

In consideration of my application and for permitting me to participate in martial arts training, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows. (A) I hereby Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occur to me including my traveling to and from the school or any school related event in which I am volunteering or participating, THE FOLLOWING ENTITIES OR PERSONS: "Tai Chi Mantis Institute LLC", its Sifu Lam Ling Wong, its instructors and assistant instructors, directors, employees, volunteers, representatives, students and agents ("the Releasees"); (B) I hereby Indemnify and Hold Harmless the Releasees from any and all liabilities or claims made as a result of my participation in such training or events, whether caused by the negligence of Releasees or otherwise.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during martial arts training or related activities.

I understand that I may be photographed or videoed during martial arts training or related activities. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns.

This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document, and that I understand its contents, and that my execution of it is knowing and voluntary.

_____	_____	_____	_____
Print Student's Name	Age	Signature (If a minor under 18 years old, both parents or guardians must sign below)	Date

PARENT(S)/LEGAL GUARDIAN(S) WAIVER FOR MINORS (Under 18 years old)

The undersigned **parent(s) and/or legal guardian(s)** does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever that may be imposed upon said parties because of any defect in any or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

_____	_____	_____
Signature of parent/ legal guardian #1	Signature of parent/legal guardian #2	Date

_____	_____
Printed name of parent/legal guardian #1	Printed name of parent/legal guardian #2