

**2019 NWC MARTIAL ARTS ACADEMY LLC
NEI WAI CHIA KUNG FU
WAIVER AND RELEASE**

Please print legibly.

Student: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Emergency Phone: _____

Class Location(s): _____ E-Mail Address: _____

Tai Chi Kung Fu

I am aware that participation in the activities of Nei Wai Chia Kung Fu will involve both mental and physical exertion. I understand that every effort will be made to insure my safety but injury is possible. Instructors will at all times exercise reasonable care and safety procedures. I understand that neither the instructor, nor the organizations sponsoring this instruction will assume financial or other responsibilities for injuries or illness suffered from or related to any training received. I accept full responsibility.

I the undersigned do hereby release Julianne H. Evans, Mark B. Herbert, Daniel S. Suchon, Dr. Larry Sanders and any guest instructor or staff member of Nei Wai Chia Kung Fu from any financial or legal responsibility in the event I suffer an accidental injury or become ill. This applies to any injury arising or occurring as a result of study and training including any and all claims which may arise from my activities and participation in any manner.

I the undersigned do hereby release the organizations that sponsor our instruction, including and not limited to Guardian Martial Arts and Fitness, Livonia Parks and Recreation Center, Plymouth Cultural Center and Livonia Public Schools.

I, _____, acknowledge that I have carefully read this Waiver and Release and fully understand that it is a release of liability.

Note: If under 18 years of age, a parent or legal guardian must approve and sign for the student.

Date: _____ Signature: _____

Date: _____ Witness: _____