

Hempfield Church of Christ Ching Sai Do Application and Release Form



Name: _____ Birthday: _____
 Address: _____ Age: _____
 City: _____ State / Zip: _____
 E-Mail: _____
 Phone: _____ Emergency phone: _____

Physical injuries or other physical problems (past or present):

Previous martial arts experience (if any):

What most interests you about martial arts?

- | | | |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Strength | <input type="checkbox"/> Sparring | <input type="checkbox"/> Concentration |
| <input type="checkbox"/> Flexibility | <input type="checkbox"/> Weapons | <input type="checkbox"/> Focus |
| <input type="checkbox"/> Coordination | <input type="checkbox"/> Forms | <input type="checkbox"/> Determination |
| <input type="checkbox"/> Conditioning | <input type="checkbox"/> Self-Defense | <input type="checkbox"/> Patience |

I (or parent/guardian) have completed and agreed to the conditions within the “**Informed Consent and Release of Liability**” form. *(please initial)*

Styles

- I will be attending... Ching Sai Do (family class, tiny tiger, beginners class)
 Eclectic Jujitsu
 Ko Am Mu Do

Signature of Applicant or Parent / Guardian:

Signature (over 18) or
 Parent/Guardian Signature: _____
 Print name: _____
 Date: _____

This minor is attending class as part of a home or charter school program

Referred by (if any): _____

There is a \$15.00 application fee due when this form is submitted to the school.

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Informed Consent and Release of Liability

Please read and initial, where indicated.

I, _____, hereby consent to voluntarily participate in a martial arts training program with HEMPFIELD CHURCH OF CHRIST CHING SAI DO and its instructors. I also give consent to be placed in activities that may include, but are not limited to, cardiovascular exercises, strength exercises, and use of various equipment. I understand that HEMPFIELD CHURCH OF CHRIST CHING SAI DO and its instructors cannot guarantee the results of a martial arts training program and that HEMPFIELD CHURCH OF CHRIST CHING SAI DO and its instructors hereby disclaims all expressed and implied warranties concerning the martial arts program offered to me.

By signing this contract, you are certifying that you are either of legal age or that you are signing this contract as the parent or legal guardian of a minor, and by signing this contract on behalf of any minor, you hereby agree that you shall be responsible for all payments due hereunder and that you will indemnify and hold HEMPFIELD CHURCH OF CHRIST CHING SAI DO harmless for any injuries, losses, or damages sustained to anyone as a result of the minor's participation in this program of instruction.

I have been told and I understand that neither HEMPFIELD CHURCH OF CHRIST CHING SAI DO nor its instructors are qualified to make a medical assessment or give medical advice. I acknowledge that HEMPFIELD CHURCH OF CHRIST CHING SAI DO and its instructors have recommended that medical advice be sought from my doctor prior to participating in the martial arts program. I represent that I have sought and obtained medical advice concerning my participation in the martial arts training program or I have elected to proceed with participation in the program knowing and understanding the medical risks involved. I fully understand the risks associated with exercise including the risk of bodily injury, heart attack, stroke, or even death. Knowing these risks, it is still my desire to participate as herein indicated.

Initials: _____

Governing Law:

This agreement shall be construed in accordance with the laws of the State of Pennsylvania without regard to its conflict of laws principals. This Agreement shall constitute the entire understanding with respect to the subject matter hereof and may be modified only in writing signed by both STUDENT and HEMPFIELD CHURCH OF CHRIST CHING SAI DO. If any provision of this Agreement is determined to be invalid, illegal or unenforceable, the validity, legality and enforceability of the remaining provisions shall not in any way be affected or impaired thereby.

Initials: _____

Confidentiality

I have been informed that the information obtained in this martial arts training program will be treated as privileged and confidential and will not be released to others unless my consent is provided or in case of a medical emergency.

Initials: _____

Risks

I understand and have been informed that there exists a possibility that I may experience positive and negative physical and psychological changes during and after exercise with a martial arts trainer. These changes include, but are not limited to, abnormal blood pressure, fainting, dizziness, abnormal heart rhythms, and in rare instances heart attack, stroke and

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even death. I further understand and have been informed that there exists a risk of bodily injury including, but not limited to, injuries to muscles, ligaments, tendons, bones, and joints.

Initials: _____

Physical Condition/Medications

I hereby represent that I am in good physical condition and do not suffer from any condition, illness or injury (such as heart disease, high blood pressure, diabetes, or back problems) that could adversely be affected by an exercise program. I also agree to inform the trainer of all medications and/or dietary supplements that I currently take and understand the importance of this information in designing a fitness program for my needs. I am not relying on HEMPFIELD CHURCH OF CHRIST CHING SAI DO or instructors to evaluate this information for medical purpose and I will rely solely on my physician or other medical professional to advise me concerning such matters. If my physical condition changes, I will inform HEMPFIELD CHURCH OF CHRIST CHING SAI DO or its martial arts instructors immediately.

Initials: _____

Release of Liability

In consideration of my participation with HEMPFIELD CHURCH OF CHRIST CHING SAI DO, I do hereby waive, release and forever discharge HEMPFIELD CHURCH OF CHRIST CHING SAI DO and its officers, agents, employees, representatives and executors, and all others from any and all responsibilities or liabilities from any injuries or damages to myself, including injury or damage caused by negligence or gross negligence of HEMPFIELD CHURCH OF CHRIST CHING SAI DO, its officers, agents, employees, representatives, successors, the personal fitness trainer, and all others. I fully understand that I may injure myself as a result of voluntarily participating in these fitness programs and it is still my desire to participate as herein indicated.

Initials: _____

Confirmation

I understand and agree that there are other remote risks associated with personal fitness training that may not have been mentioned. Despite this fact, it is still my desire to participate in this program at my own risk.

I have carefully read this entire document and all of my questions have been answered to my satisfaction.

Student/Parent/Guardian Signature: _____

Print name: _____

Date: _____

Hempfield Church of Christ instructor: _____

Print name: _____

Date: _____