

Winged Lion School of Taijiquan



咏家太极拳

Michael DeMarco, Instructor ~ Santa Fe, NM

Name	Date Registered
Address	Birth Date
	Occupation
Telephone	E-mail
Other martial art experience	
Why do you wish to study Taijiquan?	
Are you being treated by a Doctor now? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any physical handicaps that may prevent you from participating? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(if Yes, please explain):	
In case of emergency, contact:	

STATEMENT OF RELEASE OF LIABILITY

Name: _____ (hereunder called "Student") in conjunction with the Winged Lion School of Taijiquan (hereafter called "School"), certify that: The Student, knowingly without duress and voluntarily, specifically agrees and fully understands that the School shall not be liable for any damages arising from personal injuries sustained by Student in or about the premises of said School. The Student, in attending said School and using the facilities and equipment therein specifically understands that he/she does so at his/her own risk. The Student also fully assumes all risk of personal, physical or mental disabilities, injuries or losses, which may result from participating in classes conducted by the School, and acting for his/her self, heirs, personal representatives and assignees, takes total responsibility for any injuries or damages which may occur to him/her in or about the premises of said School and Student hereby fully and forever releases and discharges the School, representative and any other related members from any and all claims, demands, damages, suits, controversies, rights of action, claims at law or inequity by reasons of any matter, cause or thing whatsoever, that may hereafter sustain, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of Student's use or intended use of said school or the facilities and equipment thereof, including but not limited to, any claims for personal injuries resulting from or arising from negligence of School, instructor, or the negligence of any other student on the premises of said School. The Student also understands that there is risk of injury in all martial arts training and Student assumes full responsibility for all his/her actions, during and in connection with any and all training or classes sponsored or conducted by the School. Student fully understands that any medical treatment given or administered to him/her will be the first-aid type only, and Student consents to such emergency treatment if deemed necessary.

Your signature certifies that you have read and understand the above information and that it is correct, and you agree to the above agreement.

STUDENT'S SIGNATURE _____ Date _____

INSTRUCTOR'S SIGNATURE _____ Date _____