

PLEASE COMPLETE THE REGISTRATION BELOW

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE () _____ AGE _____ RANK _____

MARTIAL ARTS STUDIO _____

INSTRUCTOR _____

EVENT _____

The undersigned participant agrees to follow all applicable rules and regulations while participating in the Boynton Karate Dojo events, Boynton Beach High School events, YMCA events, and acknowledges that such participation is physically strenuous and may result in injury. Being fully aware of the risks, the Participant expressly assumes all risk, and hereby waives any and all claims, and does hereby expressly release from any and all liabilities, whether in tort or contract, resulting in negligence or any other reason, for any injury or other damages or liabilities resulting from his or her participation, as against the following entities and their shareholders, directors, officers, agents, and employees: the Boynton Karate Dojo, Boynton Beach High School, and the YMCA. The undersigned also understands and acknowledges that he or she is solely responsible for his or her own medical benefits or health insurance to the participant for any injuries that he or she may suffer as a result of participating in class or any other activities on any premises owned, leased, or used by those persons or entities for this event. I grant full usage of my image and likeness for promotional publicity or advertising purposes connected with the above entities, without any present or future claims for compensation for damages. Permission to participate in the above events is conditional upon completion of this form in full and acceptance of all terms and conditions stated herein, and evidenced by my signature or that of my parents, as appropriate, affixed to this form in the proper space below.

Signature (parent or guardian if under 18 years of age) Date