

# Kokushi Budo Institute of New York, Inc.

331 Riverside Drive, New York, NY 10025

(646)828-7954

## Agreement and Release

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: Mobile: \_\_\_\_\_ DOB: \_\_\_\_\_ Email: \_\_\_\_\_

Work: \_\_\_\_\_ Occupation: \_\_\_\_\_

Emergency contact 1 : \_\_\_\_\_ (relation) \_\_\_\_\_

Emergency contact 2 : \_\_\_\_\_ (relation) \_\_\_\_\_

Are you currently on Medication? If yes, what are they? \_\_\_\_\_

Are you allergic to any Medication? If yes, what are they? \_\_\_\_\_

Do you have any medical conditions? If yes, what are they? \_\_\_\_\_

Which Martial Art(s) are you interested in? \_\_\_\_\_

## **AGREEMENT AND RELEASE**

1. In applying for active participation in instructional courses at Kokushi Budo Institute of New York, Inc., I assure the supervisors, instructors and Kokushi Budo Institute of New York, Inc. that I am fully informed of the nature and methods connected with the fitness program and martial arts training offered by Kokushi Budo Institute of New York, Inc. and am cognizant of all the inherent dangers related to such intensive physical fitness training and martial arts programs, as well as aware of the basic safety rules for activities connected herewith. I also certify to Kokushi Budo Institute of New York, Inc. that I am physically fit to practice and engage in the intensive physical program normally connected with martial arts training.
2. I enroll myself/my child for instruction in the arts of Judo, Karate, Aikido, Jujutsu or other such forms of self-defense with the curriculum and manner of instruction solely at your discretion.
3. I have paid an initiation fee and will continue to pay tuition for so long as I participate in instructional courses at Kokushi Budo Institute of New York, Inc.
4. **General Release-** I hereby agree that neither Kokushi Budo Institute of New York, Inc., nor its owners, agents, supervisors or instructors may be held liable in any way for any occurrence in connection with my physical training program or use of the facilities or equipment of Kokushi Budo Institute of New York, Inc. which may result in injury, death or other damages to myself/my child. In consideration of being permitted to engaged in the martial arts training program and the use of facilities, I hereby release Kokushi Budo Institute of New York, Inc., its owners, agents, supervisors, instructors of assigns, from any and all claims in connection with injuries to myself/my child, on behalf of myself, my family, heirs and assigns, and do personally assume my/my child's personal property while engaged in the use of the facilities, services of equipment, including all corporation and persons from any claims, including but not limited to **ANY CLAIMS OR LIABILITIES ARISING OUT OF THE NEGLIGENCE OF THE AFORESAID CORPORATION, AGENTS, SUPERVISORS OR INSTRUCTORS, BY ME, MY FAMILY, ESTATE, HEIRS OR ASSIGNS.**
5. The provisions herein, when signed and accepted, shall constitute the entire agreement between us and cannot be changed, modified or discharged orally.

\_\_\_\_\_, Date: \_\_\_\_\_

Member's signature

\_\_\_\_\_, Date: \_\_\_\_\_

Parent's or Guardian's signature-required if under 18 years of age

\_\_\_\_\_, Date: \_\_\_\_\_

Witness