

## SHOUYU LIANG WUSHU INSTITUTE (CANADA) INC.

### Student Record

Date:

<b>Name</b>	First	Last			
<b>Address</b>	Street				Apt #
	City	Prov/State		Code/zip	
<b>Birthdate</b>	Year	Month	Day	Age	Male/Female
Phone			Email		

### Emergency Contact

<b>Name</b>	First	Last			
<b>Address</b>	Street				Apt #
	City	Prov/State		Code/zip	
<b>Relation</b>					
Phone			Email		

### Student's Martial Arts History


How did you hear about the Shou-Yu Liang Wushu Taiji Qigong Institute?

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## **SHOUYU LIANG WUSHU INSTITUTE (CANADA) INC. WAIVER AND AGREEMENT TO PARTICIPATE**

<p><b>RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT.</b></p> <p><b>BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.</b></p> <p><b>PLEASE READ CAREFULLY!</b></p>	<table><tr><td>INITIALS</td></tr></table>	INITIALS
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Shouyu Liang Wushu Institute (Canada) Inc. dba. Shou-Yu Liang Wushu Taiji  
Qigong Institute

### **ASSUMPTION OF RISKS**

I am aware that the study and practice of Martial Arts involves many risks and, if I choose to participate, may require me to submit to various types of physical contact, restraint and exercises which may, in the course of demonstration, practice and/or application cause me pain or injury. I understand that I may choose not to participate or stop my participation in any of these activities. I further understand that many

of the exercises and training methods to be taught will require me to be in good physical condition. I certify that I am physically able to participate in these activities and will further hold the Shou-Yu Liang Wushu Taiji Qigong Institute, its instructors as well as any employees, assistants, volunteers, assigns, or agents of any type whatsoever acting on or in behalf of the aforementioned entities and persons, harmless for any injury sustained in the course of this training due to any physical defect or condition that I may have, whether now known or hereinafter discovered.

Consequently, I agree:

1. To accept any and all risks involved with the activities in which I choose to participate.
2. To obey the instructors, and their agents to help minimize the risk of injury to myself and others.

Failure on my part to abide by the rules of the Shou-Yu Liang Wushu Taiji Qigong Institute and/or its instructors will jeopardize my eligibility to participate and remain at the Shou-Yu Liang Wushu Taiji Qigong Institute and that the Shou-Yu Liang Wushu Taiji Qigong Institute reserve the right to remove me without reimbursement at their discretion if they feel that I am acting in an unsafe, or abusive manner.

#### **RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT**

In consideration of the Shou-Yu Liang Wushu Taiji Qigong Institute accepting my application to participate in classes, training and permitting my use of their gym, equipment, weapons and other school facilities, I hereby agree as follows:

1. **TO WAIVE ANY AND ALL CLAIMS** that I have or may in the future have against the **Shou-Yu Liang Wushu Taiji Qigong Institute**, its instructors as well as any employees, assistants, volunteers, assigns, or agents of any type from any and all liability for any loss, damage, expense or injury including death that I may suffer, or that my next of kin, my invitee or any third party may suffer as a result of my use of or my presence at the Shou-Yu Liang Wushu Taiji Qigong Institute training facilities **DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE.**
2. This Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity.

Having sought & received independent legal advice, I agree to this waiver. OR Having declined independent legal advice, I agree to this waiver.

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Signature of Participant (or Parent/Guardian if under  
19 years of age)

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Today's Date

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Participant/Guardian Name (Print name clearly)

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Signature of Witness