Pay Date _____
Start Date _____
Dues _____

American Karate Academy

223 East FM 1382, Suite 134
Cedar Hill, Tx 75104
972-291-1086

Gi _____
Card _____
Entry _____

Student Application and Release Form

_____
Date

_____
Student Last Name | Student First Name | MI

_____
Street Address | City | State | Zip

_____
Date Of Birth | Age | Sex | Home Phone Number

_____
Parent's Name | Cell Phone

Email _____@_____

How did you hear about us? ☐ Yellow pages ☐ Newspaper ☐ Mailer ☐ Friend ☐ Signs ☐ Other _____

American Karate Academy Cedar Hill agrees to provide martial arts instruction. The undersigned student, parent or legal guardian on behalf of the student, hereby personally assumes all risks of bodily injury, death or property damage due to negligence of the Academy, its principals, agents, employees, and instructors, fellow students, or others in the connection with the activities undertaken in the teaching, practices, training, testing, and competition involving Martial Arts; and further for himself, his spouse, legal representatives, heirs, and assigns, hereby releases, waives, discharges and agrees to save and hold harmless the Academy, its principals, agents, employees, and instructors and fellow students, for any injury or damage, whether foreseen or unforeseen, any claim resulting there from whether caused by the negligence of the Academy, its principals, agents, employees, and instructors and fellow students arising out of the enrollment or participation in the course.

The student, parent, or legal guardian of the student further states that he is of lawful age and in legally competent to sign this agreement and release, and understands that the terms herein are contractual and not a mere recital, and has signed this document as his own free act.

The student, parent, or legal guardian of the student, warrants that the student has had a medical examination to assure himself, and assume his own responsibility of physical fitness and capacity to perform under the program, and is physically fit as attested to by the medical examination.

_____ _____
Accepted By | Student, Parent, or Legal Guardian