

Program Enrollment/Registration Form

Name of Student: _____ DOB: _____ Age: _____

Parent(s) Name: _____

Telephone No. (home) _____ (cell) _____

Address: _____

School Attending: _____

Medical Conditions/Disorders: _____ Medications: _____

Any previous training? If so, where, how long: _____

How you became interested in this program? _____

EMERGENCY CONTACT INFORMATION: (If a parent is not available),

(1) Name: _____ Relationship: _____
Address: _____ Telephone No. _____

(2) Name: _____ Relationship: _____
Address: _____ Telephone No. _____

WAIVER AND RELEASE

I, the undersigned, hereby and by these covenants, agree to assume full responsibility for any injuries which might occur to me as a result of participation in the Karate/Kobudo program at the location of American Institute of Japanese Karate, Hilton Arts Center, including but without limitations, any claims for personal injuries resulting from or arising out of the fault, failure to furnish safe equipment or a safe area, carelessness or negligence of American Institute of Japanese Karate, Shihan Tony Butler or his agents, affiliates, representatives, organization or the Hilton Art Center. I further release and hold harmless American Institute of Japanese Karate, Shihan Tony Butler or his agents, affiliates, representatives, organization or the Hilton Art Center. From any and all manner of actions and causes of action which I may after here have by reason of my participation in the Karate/Kobudo program and I further agree to indemnify and hold American Institute of Japanese Karate, Shihan Tony Butler or his agents, affiliates, representatives, organization or the Hilton Art Center against any third party actions. acknowledge that the City of Albany Parks and Recreation assumes no responsibility for any injury.

Furthermore, I grant the American Institute of Japanese Karate, Shihan Tony Butler or his agents, affiliates, representatives, organization the right to photograph, interview and/or videotape me or my child(ren) and further to use mine or my child(ren)'s name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials without reservation or limitation. I agree to participate without financial remuneration, and I understand that this releases the American Institute of Japanese Karate, Shihan Tony Butler or his agents, affiliates, representatives, organization from any future claims as well as from any liability arising from the use of said photograph/interview/video.

Registrant's Signature: _____ Date: _____

If under 18 years of age, Parent Signature _____ Date: _____

START DATE: _____