



## Full Circle Martial Arts Academy

# KYUSHO SEMINAR REGISTRATION FORM

Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_  
Street City/State Zip

Email Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

### LIABILITY WAIVER

I hereby agree to participate in Full Circle Martial Arts Academy's (hereafter referred to as "Full Circle") Kyusho Spring Camp, with its principles, officers, directors, employees, coordinators, and agents, upon the understanding and agreement that:

1. I represent to Full Circle that I/my child have no physical, mental, or emotional illness that may impair training or that may impair training or that may make the training injurious. While every effort will be made on Full Circle's part to make the classes and facilities as safe as possible, I realize that any physical activity has the potential for injury and waive any claim of accidental and/or negligent tort damage against Full Circle and/or its principles, officers, directors, employees, coordinators, instructors, or agents resulting from the activity.
2. I also release you from any liability arising from my/my child's use of any and/or all equipment provided by Full Circle.
3. I understand that I will be held responsible for any negligent damage to equipment that I/my child uses that is owned or provided by Full Circle.

I hereby acknowledge an assumption of risk by accepting and agreeing to allow myself/my child to participate in the Kysuho Spring Camp.

\_\_\_\_\_  
PARTICIPANT/GUARDIAN (IF UNDER 18) SIGNATURE

\_\_\_\_\_  
FULL CIRCLE STAFF

