

Boise Kokondo Martial Arts Academy

Dojo Head & Chief Instructor: Vince Peterson

This form must be completed before instruction can begin

Student Contact Information

First Name _____ Last Name _____ Middle Initial _____

Address _____

City _____ State _____ Zip Code _____

Phone # _____ E-Mail Address _____ Birth Date _____

Emergency Contact Name _____ Emergency Contact Phone # _____

Guardian's Contact Information

Only include information that is different than above.

First Name _____ Last Name _____ Middle Initial _____

Address _____

City _____ State _____ Zip Code _____

Phone # _____ E-Mail Address _____

Assumption of Risk

I, the undersigned, am voluntarily participating in a martial arts program offered by the
Boise Kokondo Martial Arts Academy.

I understand that participation in a martial arts program involves a certain degree of risk and danger.

These risks may include, but are not limited to: strains, sprains, dislocations, lacerations, bruises and broken bones.

I am aware that the Boise Kokondo Martial Arts Academy does not provide medical insurance coverage and therefore I take full responsibility for my medical costs. I attest that I am physically and emotionally able to participate in this program, and I understand that no one connected with Boise Kokondo Martial Arts Academy will undertake the responsibility to determine my ability to participate.

Waiver of Liability

I, the undersigned, in consideration of the opportunity to participate in this martial arts program, release Boise Kokondo Martial Arts Academy and the IKA, in which I am participating, together with their agents, volunteers and representatives from all liability claims, suits, actions for any loss, damage, injury to person or property, or death caused by the ordinary negligence resulting from or arising out of my participation in the martial art program. I do not possess any health problems or physical limitations that I, or my doctor feel would restrict my active participation or endanger the safety of others in the club activity listed above.

Student Signature: _____ **Date** _____

Guardian's Signature: _____ **Date** _____