



wushu central[®]

Martial Arts Academy

Thank you for attending this event at Wushu Central. All participants must have the following waiver of liability filled out completely and signed by parent/guardian in order to be on the training floor.

In consideration of being allowed to enter the training area and/or participate in any event at Wushu Central Martial Arts Academy in San Jose, CA the undersigned, on his or her behalf, and on the behalf of the participant(s) identified below, acknowledges, appreciates and agrees to the following conditions:

I represent that I am the parent or legal guardian of the participant(s) named below, or I have obtained permission from the parent/legal guardian of the participant(s) named below to execute this agreement on their behalf. I agree that the participant(s) named below and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in any party and/or program at Wushu Central Martial Arts Academy. In addition, if I observe any hazard during our participation, I will bring it to the attention of the nearest Wushu Central Martial Arts Academy employee or official immediately;

I am aware that there are inherent risks associated with participation in Wushu Central Martial Arts Academy programs, parties, and/or use of the training area and martial arts equipment and I, on behalf of myself and the participant(s) named below, knowingly and freely assume all such risk, both known and unknown, including those that may arise out of the negligence of other participants; and,

I, for myself and the participant(s) named below, and our respective heirs, assigns, administrators, personal representatives, and next of kin, hereby release and hold harmless, Wushu Central, Inc., DBA Wushu Central Martial Arts Academy of San Jose, CA, and Wushu Estates, LLC, their affiliates, officers, members, agents, employees, other participants, and sponsoring agencies from and against any and all claims, injuries, liabilities or damages arising out of or related to our participation in any and all Wushu Central Martial Arts Academy programs, activities, parties, the use of the play area and/or martial arts equipment.

Participant #1 Name (First, Last)

Participant Date of Birth

Participant #2 Name (First, Last)

Participant Date of Birth

Address

City, State, ZIP

Emergency Contact Phone #

Email (Optional)

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Would you like to receive information about classes?

YES

NO