



Seichou Karate® Limited

Application for Minor

Name: _____ Nickname: _____

Parent's Name: _____ Tel – Cell: _____

Birthdate: _____ Tel – Other: _____

Home Address – Street: _____

City, State and Zip Code: _____

Email Address: _____

Which school does your child attend? _____

How did you learn of Seichou Karate®? _____

I am interested in the following program(s) for my child:

Karate After-school Day Camp Calligraphy Japanese Language

Whom should we contact in the event of emergency?

Name: _____

Tel: _____ Relationship: _____

Does your child have any health condition or allergy of which we should be aware? If so, please provide details below and, if necessary, on a separate page.

Waiver of Liability, Consent to Medical Treatment, Transportation and to Use of Likeness or Image

I, _____, have enrolled (my child), _____, in a Martial Arts Program of Seichou Karate® Ltd. (SKL) that includes strenuous physical activity and rigorous cardiovascular exercise that includes, but is not limited to, the practice of indoor and outdoor kicking, punching, striking, blocking, walking, hiking, tumbling and falling. I fully understand that the martial arts component of this program is a contact sport requiring participants to kick, punch, and strike, and be kicked, punched and struck by other students during sparring sessions. In view of this, I understand that my child may sustain injuries, including death, from participation. I understand that my child will receive the Seichou Karate Sparring Rules prior to beginning this Program. I agree to read and/or to instruct my child to abide by them.

In view of this, I represent that my child does not suffer from any ailment, condition or disability that would be worsened or exacerbated by participation in this Program. I further represent that my child is in good physical condition and is not under order of any doctor that would prevent or limit her/his participation in this Program. To the extent that I feel that her/his participation in this Program might be inadvisable for health reasons, I have consulted a medical doctor on my child's behalf.

In the event of injury, I authorize SKL, to undertake the following emergency procedures on my child's behalf: (1) administer first aid type treatment, (2) summon medical professionals to attend to my child, (3) contact me or my emergency designee, and (4) transport my child to a medical facility.

I have read and discussed with my child the Safety Guidelines provided by SKL. My child and I understand and agree to abide by the rules and recommendations set out therein.

I understand, and have explained to my child that the purpose of the martial arts training program she/he will undertake is to develop greater mental and physical self-control. I also understand and have explained to my child that she/he must forever refrain from using the martial arts techniques she/he learns in a violent or criminal manner. My child understands and agrees to abide by these rules.

I hereby release SKL from all liability arising now or in the future including, but not limited to, heart attacks, muscle strains, pulls or tears, broken bones, shin splints, knee / lower back / foot injuries, heat prostration, blood or other fluid-borne illnesses including HIV/AIDS, and other illnesses, soreness, injury, or death, however caused, occurring during or after participation in this Program.

In consideration for my and/or my child's participation in this Program, I, _____, for myself, my child, my heirs and assigns, hereby release SKL, MRE Properties Inc., and the National Parks Service, their employees, contractors, instructors, and owners, from any claims, demands and causes of action resulting from her/his participation in this Program, including such claims which allege negligent acts or omissions.

For Camps, After-school and other programs, I authorize SKL or its designees to transport my child to and from 807 North Royal Street, Alexandria, VA by public or private transportation, or by vehicles for hire.

I consent to the use of any likeness, photographic, videographic, or digital image taken of me or my child by SKL, its clients and agents for commercial sale or promotional use. I waive any rights that I, or my child, might have to compensation for the sale or use of such material by SKL.

Should SKL, or anyone acting on its behalf, incur attorney's fees or costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

I agree that this agreement shall be interpreted and governed by the laws of the Commonwealth of Virginia. I hereby affirm that I have read and fully understand the foregoing.

Participant/Guardian Print Name: _____

Participant/Guardian Signature: _____

_____ Date