



Seichou Karate® Limited

Party Application for Minor

Name: _____ Nickname: _____

Mother: _____ Tel – Cell: _____

Father: _____ Tel – Other: _____

Home Address – Street: _____

City, State and Zip Code: _____

Email Address: _____

How did you learn of Seichou Karate®? _____

Will this be your child's first visit to Seichou Karate®? _____

If you would like us to contact you about enrolling your child at Seichou Karate®, please indicate which program interests you.

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 registered (my child), _____, in a Martial Arts Party at Seichou Karate® Ltd. (SKL). I fully understand that the Party will include athletic games and strenuous physical activity. I also understand that my child might sustain injuries from participation.

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 Party. 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 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 Party.

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 and MRE Properties Inc., 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.

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 _____