

## REGISTRATION PROCEDURES

1. Completely fill out this form and read and sign the following pages.
2. Give the form to one of the instructors or helpers at the Free Women's Self-Defense Day or mail it to prior to the date of the 21st of February.

**Mail To:**

**Kung Fu for Life:**

**2714 N. Division Spokane, WA. 99207**

**Forms sent by mail must be received before the day of the self-defense seminar:**



## PARENT INFORMATION

First	M.I.	Last	Birth Date	
Home Address			City	Zip Code
Home Phone:			Work phone	

## Youth Registration

The FREE WOMEN'S SELF DEFENSE DAY is also open to female minors age 12-18.

To participate, a parent/guardian must also complete the form below and the accompanying page.

Please copy this form and submit them together if you have more than one youth attending.

Name: \_\_\_\_\_ Last: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Are there any health or medical concerns (past or present)  
that we should be informed of? \_\_\_\_\_

Name of Child : \_\_\_\_\_ Date \_\_\_\_\_

LIABILITY WAIVER, RELEASE AND MEDICAL AUTHORIZATION

In consideration of being allowed to participate in the FREE WOMEN’S SELF-DEFENSE DAY sponsored by KUNG FU FOR LIFE its partners and/or agents and in consideration of the benefits to be derived therefrom, I hereby release THE SPOKANE WOMEN’S CLUB, EAST/WEST FITNESS WORLD, KUNG FU FOR LIFE, our team: DAVID TOUTONGHI, CHRISTINE BRAATEN, LETI BLAND, NICK LOWE, KAY NICKERSON, their partners and/or agents and their present and former trustees, officers, directors, shareholders, employees, volunteers, agents and their heirs, administrators, executors, successors, and assigns from all claims and liabilities of any kind, whether known or unknown, which arise from or are connected in any way with my participation in the THE FREE WOMEN’S SELF-DEFENSE DAY on February 21st, 2009.

I recognize that there are certain health risks as well as other risks to person and property, and give my consent that the child I am providing guardianship over has permission to enter into participation in this FREE WOMEN’S SELF-DEFENSE DAY with knowledge of those risks. I understand that there are inherent risks in participating in a program of strenuous exercise, up to and including death. I understand that part of the risk involved in understanding any activity program is relative to my child’s own state of health (physical, mental, emotional) and to the awareness, care, and skill with which my child conducts herself in the activity or program. I understand that allowing my child to participate in any of these programs brings with it my assumption of those risks and results stemming from this choice.

**If for any reason the child I am providing guardianship over is unable to complete the FREE WOMEN’S SELF-DEFENSE DAY FROM 10 A.M -1P.M/ for any reason, I assume full responsibility for expenses incurred for his/her return home.**

In the event of an emergency, I hereby authorize An instructor of the FREE WOMEN’S SELF-DEFENSE DAY EVENT, as my agent, to consent to medical care consistent with the medical disclosures provided in the applicants submitted application : including without limitation examination; medication, medical, dental or surgical diagnosis; treatments; hospital or other care advised and supervised by a physician, surgeon or dentist, as appropriate licensed to practice under the laws of the state or country where services are rendered. I direct that my emergency contact be advised as soon as possible.

I agree that KUNG FU FOR LIFE, EAST/WEST FITNESS WORLD may use and/or display my name and the child I am providing guardianship over, for promotional purposes without further consideration. I authorize KUNG FU FOR LIFE, and the team, their partners and/or agents, permission to use, copy, reproduce, display, distribute, publish and exhibit any pictures, video or narrative the child I am providing guardianship over takes during the FREE WOMEN’S SELF-DEFENSE DAY which the child I am providing guardianship over provides to any of them, and pictures, video or narrative in which I or the child I am providing guardianship over may be included, without restriction. This authorization includes any means of communication at any place for any lawful purpose. I waive any right I might have to inspect and/or approve the copy that may be used or the use to which it may be applied.

I certify that I am of lawful age and competent to sign this Release as guardian over the applicant identified above, and have done so voluntarily. I understand that this document constitutes a full and complete waiver of all possible claims for any act or omission, including claims for negligence regarding injury or property damages, arising out of the child I am providing guardianship over participation in THE FREE WOMEN’S SELF-DEFENSE DAY.

I understand that this Release applies to, covers and includes unknown, unforeseen, unanticipated, and unsuspected damages, losses, or liabilities and the consequences thereof, which result from the matters hereinbefore inferred to as well as those now disclosed and known to exist, including without limitation cancellation or delay of the Free Women’s Self-Defense Day. The provisions of any state, federal, local, territorial law or statute providing in substance that releases shall not extend to claims or damages which are unknown or unsuspected to exist at the time are hereby expressly waived by me.

GUARDIAN

I certify that the information provided above is correct and **I HAVE READ, UNDERSTAND AND AGREE TO THE LIABILITY WAIVER, RELEASE & MEDICAL AUTHORIZATION.**

Signature \_\_\_\_\_

Date \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

