

CUONG NHU ORIENTAL MARTIAL ARTS ASSOCIATION
Release Form

Date _____

Site: Piscataqua Dojo, Piscataway, N.J

Student's Full Name (please print): _____

Street Address: _____

City, State, Zip: _____

Home phone: _____ Work phone: _____

Contact in case of emergency:

Name: _____ Phone Number: _____

Student's Birthdate: _____

I, _____ the undersigned, (hereafter "The Student") hereby agree that in consideration of The Student being given the full rights and privileges of membership in the Cuong Nhu Oriental Martial Arts Association, I shall hereafter and forever fully release said Association, its agents, instructors, officers, and directors, and all members of said Association, from any cause of action, claim, or liability or damages or expenses, including but not limited to any claims for personal injuries resulting from or arising out of negligence of said Association, it's agents, instructors, officers, and directors or members which may result from participation in Cuong Nhu Oriental Martial Arts training, instruction or related activities

I am fully aware and expressly understand that training and instruction in the martial arts requires strenuous exercise and activity and necessitates bodily contact during sparring and at other times as part of the instruction in Cuong Nhu Oriental Martial Arts, and I am fully aware that any and all of the aforementioned activities and others may result either unavoidably or negligently in bodily injury to the student.

The Student warrants that he or she is in generally good health and physical condition, and that to the best of my knowledge does not suffer from high blood pressure, heart ailments, or any other latent physical disabilities.

Student's Signature (over 18 years) _____

Parent's Signature (under 18 years) _____