



Missouri Karate Association

Registration Form

Name _____ Phone _____

Parent/Guardian _____ E-mail _____

Address _____ Birthday _____

City _____ State _____ Zip _____

Employer _____ Phone _____

Current Karate Club _____ Current Rank: _____

Information needed to order uniform: Height: _____ Weight: _____ Price per uniform: \$30.00

I, the undersigned, wish to participate in the Missouri Karate Association martial arts program. In consideration of this participation, I understand and agree to the following provisions:

- 1) This activity which I desire to participate in could lead to my injury, disability or death. This could result from the normal participation of the activity, my own action, the action of other participants, or conditions of the activity.
- 2) The activity is to be performed within the rules, and any intentional act to injure another participant or spectator is not condoned, encouraged or permitted by the Missouri Karate Association.
- 3) Missouri Karate Association reserves all rights to dismiss any students, at any time, for misconduct and/or actions which may convey a bad image.

I understand and accept the above provisions and agree on behalf of myself, my family, estate and heirs to release, waive and hold harmless the Missouri Karate Association and its successors and assigns or affiliates, other participants, directors, managers, supervisors, from any and all legal claims or liability relating to personal injury or death to me or my property as a result of my participation in the activities associated with this program.

I, the undersigned, have read and agree to the above provisions as a condition of my participation.

Signature

Date

Signature (Parent or Guardian if under 18)

Date