

Arnott Kenpo Karate

2012 Colorado Boulevard, Los Angeles CA 90041
323 999 7369

welcome to our dojo

<i>Date</i>	Date
<i>Single</i>	Monthly
<i>1pr/1wk</i>	3 mo.
<i>1 month</i>	6 mo.
<i>Referred by:</i>	Yearly

Student Name: _____ Male: ____ Female: ____

Phone: _____ Email Address: _____
our basic form of communication

Age: _____ Date of Birth: _____

Address: _____

City & State: _____ Zip: _____

Emergency Contact: _____ Phone: _____

PARENT/GUARDIAN INFORMATION (FOR STUDENTS UNDER 18) IF DIFFERENT FROM ABOVE

Parent/Guardian: _____ Home # _____ Work # _____

Email: _____ Cell # _____

Parent/Guardian: _____ Home # _____ Work # _____

Email: _____ Cell # _____

Do you have any previous martial arts experience? If so, please describe: _____

MEDICAL INFORMATION

Please list any conditions (asthma, irregular heartbeat etc.) or types of medication being taken that could affect student's health while participating in class:

HOW DID YOU LEARN OF US (please mention friends by name, that we may thank them)?

Please let us know what brings you to study kenpo karate- increased power or fitness, self-defense, confidence, community, the art... -

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

In consideration for receiving permission to BE ON PREMISES at ARNOTT KENPO KARATE (hereinafter the "Activity or Activities"), I, on behalf of myself and any minor child/children for whom I have the capacity to contract, hereby acknowledge and agree to the following:

1. I understand the hazards of the novel coronavirus ("COVID-19") and am familiar with the Centers for Disease Control and Prevention ("CDC") guidelines regarding COVID-19. I acknowledge and understand that the circumstances regarding COVID-19 are changing from day to day and that, accordingly, the CDC guidelines are regularly modified and updated and I accept full responsibility for familiarizing myself with the most recent updates.
2. I readily acknowledge the risks associated with COVID-19 and willingly choose to participate in Activities.
3. I acknowledge and fully assume the risk of illness or death related to COVID-19 arising from my being on the premises and participating in the Activities; I RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE (on behalf of myself and any minor children from whom I am legal guardian) MARK ARNOTT (owner), THE ARNOTT KENPO KARATE Instructor Team, or ARNOTT AMERICAN KENPO LLC (the RELEASEES) from any liability related to COVID-19 which might occur as a result my being on the premises and participating in the Activities.
4. I shall indemnify, defend and hold harmless the RELEASEES from and against any and all claims, demands, suits, judgments, losses or expenses of any nature whatsoever (including, without limitation, attorneys' fees, costs and disbursements, whether of in-house or outside counsel and whether or not an action is brought, on appeal or otherwise), arising from or out of, or relating to, directly or indirectly, COVID-19 or any other illness or injury.
5. It is my express intent that this Waiver and Hold Harmless Agreement shall bind any assigns and representatives, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above-named RELEASEES. This Agreement and the provisions contained herein shall be construed, interpreted and controlled according to the laws of the State of California. I HEREBY KNOWINGLY AND VOLUNTARILY WAIVE ANY RIGHT TO A JURY TRIAL OF ANY DISPUTE ARISING IN CONNECTION WITH THIS AGREEMENT. I ACKNOWLEDGE THAT THIS WAIVER WAS EXPRESSLY NEGOTIATED AND IS A MATERIAL INDUCEMENT THE PERMISSION GRANTED BY RELEASEES TO BE ON PREMISES AND PARTICIPATE IN THE ACTIVITIES.

IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.

IF I LEARN THAT I OR MY FAMILY HAS BEEN INFECTED I will notify Mr. Arnott. If any student is found to be infected, Mr. Arnott will notify every student who has been in the studio at the same time as the infected student, going back two weeks. No students or families will be identified by name.

IN WITNESS WHEREOF, I have signed this Waiver and Agreement under seal on this

_____ day of _____, 20_____.

SIGNATURE: _____

NAME: _____

NAMES OF MINOR CHILD(REN): _____

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Waiver of Liability

I, _____, understand that the study and practice of karate will require physical
(PRINT STUDENT'S NAME)

contact and touching. I also understand that participation in martial arts classes at Arnott Kenpo Karate poses an inherent possible risk of injury (minimal to severe, including death). I hereby assume all risks associated with participation in martial arts programs and agree to hold Arnott Kenpo Karate, its members, instructors, assistant instructors, and employees harmless from any and all liability that may arise in connection with my or my child's participation in the programs.

I hereby certify that I/my child/ward are in good health and have/has no physical limitations that would preclude participation in martial arts activities. I certify that I/my child has health, accident and liability insurance to cover any bodily injury or property damage that may be caused or suffered while participating in martial arts. I agree to bear the costs of such injury or damage to me/my child. I further certify that I am willing to assume the risk of any medical or physical condition I/my child may have or am willing to assume and bear the costs if all risks that may be created, directly or indirectly, by any such condition. I hereby request and allow the use of any first aid remedies supplied by the staff of Arnott Kenpo Karate.

Further, I hereby voluntarily release and forever discharge and agree to hold harmless and indemnify Arnott Kenpo and its members, instructors, assistant instructors, employees, students, successors, lessors, insurers, and representatives from any and all liability, claims, demands, causes of action or rights of action for injury or damage resulting from my participation or my minor child's or ward's participation in Arnott Kenpo Karate's martial arts programs or use of Arnott Kenpo Karate's equipment and facilities. This waiver is binding on my assigns, successors, heirs, spouse, parents, administrators, guardians, insurers and legal representatives.

I agree that, if I were to file a lawsuit against Arnott Kenpo Karate, I would do so solely in California and that the substantive law of the State of California shall apply without regard to California's conflict of law rules. I further agree that if any portion of this waiver agreement is found void or unenforceable, the remaining portions shall remain in full force and effect.

This waiver of liability is the entire, complete, sole, and only understanding and agreement by and between the undersigned and Arnott Kenpo Karate pertaining to the above-discussed matters.

This waiver of liability and photo release was read carefully in its entirety, and is fully understood by me. I warrant that I am over 18 years of age as of the date stated below, or that I am fully and legally emancipated.

SIGNATURE OF STUDENT (if over 18) OR PARENT/GUARDIAN

DATE

I hereby grant Arnott Kenpo Karate permission to use my or my child's likeness in a photograph or video recording in any and all of its publications, including website entries and promotional materials, without payment or any other consideration. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph, photographs or video recordings. I understand and agree that these materials will become the property of Arnott Kenpo Karate.

INITIAL HERE FOR PHOTO RELEASE: _____