

CHINESE WUSHU & TAICHI ACADEMY LLC
(709 ½ S. King Street, Seattle, WA 98014)

REGISTRATION FORM
PLEASE PRINT

Student's Name: _____

Student's Home Address: _____

Legal Guardian's Name (if Student is under 18): _____

Date of Birth: _____ Occupation: _____

Home Phone: _____ Work Phone: _____

Email: _____ The Class You Take _____

Uniform Size (S, M, L, XL): _____

PLEASE MAKE CHECK PAYABLE TO: CHINESE WUSHU & TAICHI ACADEMY LLC

PLEASE NOTE: NO REFUND/ONE SEMESTER COMMITMENT

Voluntary Release and Waiver

In consideration for being permitted by CHINESE WUSHU & TAICHI ACADEMY LLC (the "**Academy**") to participate in the learning of Taichi/Wushu/Martial Arts and in the related performance activities (collectively, the "**Activities**"), I, _____ (print name), for myself, my spouse, heirs, legal representatives and assigns, hereby assume all risks for such involvement, and release and discharge the Academy, its owners, affiliates, agents, officers, and employees (collectively, the "**Released Parties**"), from all liability, claims, demands, actions and causes of action whatsoever, whether known or unknown, arising out of or relating to any loss or damage that may occur either directly or indirectly from my participation in any of such activities.

I enter into this Voluntary Release and Waiver willingly and with full knowledge and understanding that by my signature below, I am expressly releasing the Released Parties from any and all responsibility for illnesses or injuries sustained while using the Academy's facilities and equipment or engaging in any of the Activities.

Student's Signature

Date: _____

Parent or Legal Guardian's Signature
(if Student is under 18 years old)

Date: _____