

VICTORIA KYOKUSHIN KARATE

Student Waiver Form

Name: _____

Address: _____

Telephone Home: _____ Business: _____ Age: _____

Date of Birth: _____ Height: _____ (ft.) Weight: _____ (lbs)

Emergency contact name: _____ tel#: _____

Relationship: _____

Reasons for taking Martial Arts: _____

I, _____ DO HEREBY VOLUNTARILY ASSUME AND ACCEPT risk of my person which may result from taking instructions in Karate, and any and all physical exercises and training under the direction and control of the sensei or other instructors of Victoria Kyokushin Karate.

I agree not to seek recovery or compensation from Victoria Kyokushin Karate for any injury or loss which I may suffer during or as a result of taking such instruction from Victoria Kyokushin Karate, its' instructors and employees for any loss which I may suffer during or as a result from taking such instructions and I HEREBY WAIVE, RELEASE AND FOREVER DISCHARGE Victoria Kyokushin Karate, its' instructors and employees, from any and all actions, causes of action, suits, claims and demand for, upon or by reason of any damages, loss or injury of whatsoever nature or kind including injury resulting in death which may be sustained or suffered by me during in consequence of, or arising out of the said instruction, and I HEREBY COVENANT NOT TO SUE Victoria Kyokushin Karate, its' instructors and employees in respect of any such damages, loss or injury AND AGREE that these presents may be pleaded as a defense to any such claim or demand or other proceeding brought by me, my heirs, executors, administrators or assigns and I DO HEREBY INTEND TO BIND my heirs, executors, administrators and assign.

Student Signature

**Parent/Guardian Signature
(if under 19 yrs)**

**Victoria Kyokushin Karate
Representative**

Date