



Student Info - DHS Foster Class

Parent/Guardian Name _____ Email Address _____

DHS Contact Name _____ Phone Number _____

Student #1 Name: _____ Full Date of Birth (m/d/yy) _____

Student #2 Name: _____ Full Date of Birth (m/d/yy) _____

What Benefits Are You Looking For From Martial Arts?

Any Medical Conditions Or Special Considerations? _____

Waiver: The undersigned voluntarily submits this introduction and first impression card and upon acceptance, agrees to follow the rules and regulations set forth by this organization. The undersigned assumes full responsibility for any and all damages, injuries, emotional upset, deaths, or losses which they might sustain or incur while attending or participating in any activities that this organization has anything to do with. The undersigned student or parent/guardian understands the risk of studying martial arts and hereby releases Dynamic Health and Wellness Company, DBA Dynamic Academy Of Martial Arts, any of its locations, all instructors and all other students of this organization from any and all liabilities for any type of injuries or loss sustained while training, studying, practicing, or in the application of any activities that Dynamic Academy Of Martial Arts may be involved in, including but not limited to martial arts, Taekwondo, Jiu Jitsu, or any other activity. The undersigned also states that he/she (or undersigned's participating child(ren)) is/are in good physical condition and knows of no reason why he/she (or child(ren)) cannot study and participate in martial arts or in physical activity. The undersigned also agrees to and understands that there is a NO REFUND policy. All sales are final. In the event of an emergency, I hereby authorize any licensed medical personnel to perform any accepted medical procedure deemed necessary and agree to bear the expense of any such treatment. The undersigned consents the use of any picture or video furnished by the undersigned or any picture or video of the undersigned in connection with the martial arts for publicity, promotion, advertising or display, and the undersigned waives all compensation in regard, thereto.

MARTIAL ARTS IS A STRENUOUS ACTIVITY AND A PHYSICAL IS RECOMMENDED BEFORE STARTING CLASSES.

I (the undersigned) have read and fully understand and agree with the above waiver.

Parent/Guardian Signature _____

Printed Name _____ Today's Date _____