

Registration Waiver

NORTH FLORIDA MARTIAL ARTS INC.

**112 Anastasia Blvd.
St. Augustine Fl. 32080**

Students Full Name _____

Date Of Birth ___ / ___ / ___

Street Address _____

City _____ **State** _____ **Zip** _____

Phone Numbers **Cell ()** _____ **Work ()** _____

E Mail Address _____

In consideration of the benefits derived from NORTH FLORIDA MARTIAL ARTS Inc. I/We, do hereby agree to indemnify and hold harmless, release, and discharge the sponsoring organization of said NORTH FLORIDA MARTIAL ARTS Inc. of St. Augustine, Florida its agents, servants, or employees, from any and all claims for personal injuries or property damage occurring to or sustained by myself/and or my child, while participating in said activity or activities related to Dodgeball, Tae Kwon Do, Muay Thai, Hapkido, Jujitsu, Tai Chi, Yoga Weapondry and other martial arts including any and all consequential damage claims which I/We may be entitled to recover from said injury or property damage claim.

I/We have received, read, understand, and agree to abide by all rules, regulations and policies regarding student requirements, tuition payments and fees of said NORTH FLORIDA MARTIAL ARTS INC.

Please state any medical condition(s) the student has that NORTH FLORIDA MARTIAL ARTS INC. should be made aware of:

SIGNATURE OF PARENT AND/OR LEGAL GUARDIAN:

DATE: _____

DATE: _____