

# LAKE WORTH MARTIAL ARTS ACADEMY

4595 Hypoluxo Road #5  
Lake Worth, Florida 33463  
(561) 357-9862

## TWO WEEKS FREE!

### Karate -or- Tai Chi

Fill out the Application/Waiver and bring to class.

[www.lakeworthmartialarts.com](http://www.lakeworthmartialarts.com)

Coupon expires 12/31/2008



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## Application for Enrollment

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail \_\_\_\_\_

Occupation/Position \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Are you under a doctor's care?  Yes  No (If Yes, please explain) \_\_\_\_\_

\_\_\_\_\_

Physical Condition \_\_\_\_\_

Operations \_\_\_\_\_

Conditions \_\_\_\_\_

Previous Martial Arts training and grade obtained \_\_\_\_\_

\_\_\_\_\_

Goals for Martial Arts practice \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### RELEASE OF LIABILITY: WAIVER OF CLAIM

I, \_\_\_\_\_, do hereby release all persons associated with The Martial Arts Academy and Mu-Gen Karate-Do from all liability on and off said premises. I agree to accept all responsibility for any situation that may arise from practicing the martial arts during and after training. I fully understand the practice of martial arts requires strenuous activity, physical contact and inherent risks. I understand I have the responsibility not to do any action that may harm myself or others. In consideration of being allowed to participate, I assume full responsibility and waive all claims whatsoever.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If under 18 years: Guardian Signature \_\_\_\_\_

Print Guardian Name \_\_\_\_\_

Witness \_\_\_\_\_