



# Seattle Shaolin Kungfu Academy 西雅图少林功夫学院

13241 NE 20th St, Bellevue, WA 98005 (425) 241-9286 Email: info@usshaolinclub.com

## Free Trial Lesson Registration

Parent or Legal Guardian's Name <i>(for 18 years old and below)</i>			Father / Mother / Others <i>(specify)</i>	
Phone Number (     )     -		Email		
Address				
City		State		Zip Code
<b>Participant(s) Detail</b>				
<i>Please specify a program for each participants: Kung Fu / Wellness Exercise / Special Skill</i>				
1	Name	Age	Male / Female	Program
2	Name	Age	Male / Female	Program
3	Name	Age	Male / Female	Program
4	Name	Age	Male / Female	Program
<b>Survey</b>				
1. How did you first hear or find out about us?				
2. What is your primary interest or goal? <i>(please check one or more options listed below)</i> <input type="checkbox"/> Kung Fu <input type="checkbox"/> Well-being <input type="checkbox"/> Fitness <input type="checkbox"/> Weight Loss <input type="checkbox"/> Self Defense <input type="checkbox"/> Sparring <input type="checkbox"/> Discipline <input type="checkbox"/> Build Confident <input type="checkbox"/> Meditation <input type="checkbox"/> Others <i>(specify):</i>				
3. Any previous experience with Martial Arts or similar exercises? <i>Yes / No</i> Which style?				
4. Referral by? <i>(specify person or company's name)</i>				
<b>RELEASE OF LIABILITY AND INDEMNITY AGREEMENT</b>				
I the undersigned, agree to indemnify and hold harmless Seattle Shaolin Kungfu Academy, its officers, directors, agents, volunteers and employees (hereinafter collectively "Seattle Shaolin") from any loss, liability, and all claims for personal injury, property damage or wrongful death, and any damages resulting therefrom, that may arise out of, or in any way related to, my participation in activities involving Seattle Shaolin and which is alleged to have resulted from my participation at this center. This agreement shall not apply to claims that for public policy reasons are not subject to waiver or release. <b>I hereby give my dependents permission to participate in the activities indicated and in doing so, absolve Seattle Shaolin from liability.</b> I also grant full permission to any and all of the foregoing to use my name and any photographs, videos, or recordings for any publicity and promotion purposes without obligation or liability to me. <p style="text-align: center;"><b>I have read and agree to be bound by its terms.</b></p>				
_____ Signature of Participants or Parent or Legal Guardian			_____/_____/_____ Date	

<b>FOR OFFICE USE ONLY</b>		
Instructor	Date     /     /	Time
Comments / Feedback		