

Christian Martial Arts Fellowship Form HH-1 (12-1-16)

Chayundo@gmail.com ~ www.christiankarate.net

All instruction, services, consultation and use of equipment and facilities owned by, operated by or associated with Christian Martial Arts Fellowship (herein also referred to as CMAF), or its affiliates shall be undertaken by the student at the student's sole risk.

By definition, Christian Martial Arts Fellowship includes the extended registered name, Young's Karate, Inc., Chayundo, LLC, and all sanctioned affiliates, schools and programs. This would further include all officers, directors, employees, instructors, servants, agents, members, associates or consultants of Young's Karate, Inc, dba Christian Martial Arts Fellowship, Chayundo LLC and all sanctioned affiliates under that corporation's direct control.

The Christian Martial Arts Fellowship shall not be liable for any claim, demand, injury, expense, damage, action or course of action, arising out of or connected with the use of its facilities or as a result of injuries received while engaged in any activity associated with CMAF, including all forms of practice and training with other students or affiliates.

The student/guardian assumes the risk for any such injuries or damage arising out of or in any way connected with his use of any of the services or facilities owned or operated by CMAF. It is expressly understood and agreed to by the undersigned that the student does not have to participate in any type of personal contact with other students or instructors offered by CMAF.

The student, for himself, and on behalf of himself, his executors, administrators and assigns, does hereby expressly forever release and discharge CMAF, its successors or assigns, as well as its affiliates, from any and all such claims, demands, injuries, expenses, damages, actions or causes of action.

CMAF is not and shall not be responsible for any loss or injury to personal property of its students or visitors while on, about or as a result of being on the premises of the training location or the premises of its affiliates.

I have read the above statement and do understand it in its entirety and agree to abide by it as well as the rules, regulations and training schedules.

Student _____ Date _____

(Please Print)

Address _____

City _____ Zip _____ Date of Birth _____

E-Mail Address _____ Phone Number _____

Student _____ Date _____

(Signature)

Guardian _____ Date _____

(Signature)