

Movement Arts Fair Registration

[Payment must accompany paperwork in order for registration to be complete]

Participant's name: _____

Date of Birth (MM/DD/YY): _____ Phone #: _____

Emergency Contact (name and #): _____

Have you had any experience with any of the arts offered? _____

How did you hear about the event? _____

Which class are you most looking forward to? _____

RELEASE OF LIABILITY I hereby acknowledge that martial arts is a strenuous physical activity involving contact and the risk of injury. I represent and warrant that I know of no physical impairments which would limit or affect my training. I voluntarily assume all the risks arising from my martial arts training and hereby release and waive any and all claims against Kyle Alexander, Wally Jones, Lara Jones, the Academy of Kung Fu and all other participants from any injuries or damages arising out of my training. I further agree to hold harmless and indemnify Kyle Alexander, Wally Jones, Lara Jones,, the Academy of Kung Fu and all employees thereof, and other participants from lost, cost, expense, damage or injury arising from my participation in martial arts training. Signature indicates I have read, understood and agree to these terms.

Signature of student: _____ Date: _____

Signature of parent or guardian if participant is under 18: _____

Date: _____

Cost is \$15 if payment received before July 15th, or \$20 thereafter.

Check # _____ Amount \$ _____

Please make check payable to **Kung Fu Outreach** and attach to this form.

Please mail or drop off registration (there is a mail slot in front door) at:

Kung Fu Outreach
C/O Academy of Kung Fu
3228 SE 21st Avenue
Portland OR, 97202

E-mail address: _____

(If you would like to be informed of future events.)

Questions? Contact us at (503) 432-7450 or info@kungfuoutreach.org