

**CENTRAL FLORIDA CHAYON RYU
HOLD HARMLESS AGREEMENT
AND APPLICATION FORM**

Although it is rare to have any injuries resulting from training in Chayon Ryu, the possibility does exist. By submitting this application, you understand that injury can occur in martial arts training and that you accept personal responsibility for all actions. Furthermore, you, your Parents or Guardian as appropriate, agree to take no legal action against the equipment and facilities used, instructors, assistant instructors, Central Florida Chayon Ryu, affiliates of Chayon Ryu or Kim Soo Karate, Inc. This application along with all contents will be held in strict confidence and will not be released to third parties unless required by law.

Please Print Clearly

Last Name First Name MI

Street Address Apt.

City State Zip

Date of Birth Home Phone

Emergency Contact Phone

Family Dentist Phone

Family Physician Phone

Do you have any problems with Asthma?

Do you have any allergies?

Are you HIV positive?

List Allergies

Have you had previous martial arts training? What style?

Month and year (if known) of last training? Highest rank attained?

Hobbies?

Special Skills?

School / Employer & Phone?

I certify that all information provided is true and correct and that I am medically fit to participate in Chayon Ryu martial arts training.

Student Signature

Date

Parent or Guardian signature

If student is under 18 years of age.