



Hiawatha's Martial Arts & Fitness

6 Depot Way West • Larchmont, New York 10538 • (914) 834-1971

Membership Agreement

_____ Tae Kwon _____ Fitness _____ Trial

Date: _____

Name _____ DOB: ____/____/____ Age: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: (____) _____ E-mail: _____

Have you ever studied the Martial Arts before? *Yes/No* Where? _____

Rank Obtained: _____ How long did you study: _____

Release Authorization

The undersigned stated (he, she) is in good health or has medical approval to engage in the training of **TAE KWON DO/CARDIO KICK BOXING/FITNESS**. The Corporation, it's agents, servants and employees, shall not be responsible for accidents or injuries of any kind whether the same shall be caused by or attributable to their negligence of any of them, or otherwise. The undersigned shall indemnify and save harmless the Corporation, it's agents, servants, and employees, against all damages, or expense which they or any of them may incur as the result of any claim or action which may at any time be made or institutes on behalf of the above named student, including, without being limited to, any claim or accident based upon the negligence of the Corporation, its agents, servants, students, or employees. The undersigned acknowledges that it has been explained to him/her and he/she understands that **TAE KWON DO/CARDIO KICK BOXING/FITNESS** and other related activities of the Corporation are not similar to playing checkers: that they involve a risk, which on rare occasion, can lead to injury on some part of his/her body. He/she clearly assumes all risk and understands that he/she cannot hold the above named Corporation, its agents, servants, employees, or fellow students liable for any injury that he/she may sustain while practicing or learning **TAE KWON DO/CARDIO KICK BOXING/FITNESS** and all other related activities of the Corporation or using any of their facilities or equipment, whether with a supervisor, a fellow student or by himself/herself.

Student Signature (21 & over) _____

Parent's Signature or Legal Guardian _____

REGISTERED BY: _____