

HIAWATHA'S MARTIAL ARTS

6 Depot Way West Larchmont, New York 10543 (914) 834-1971

Membership Agreement

	Tae Kwon Do	Fitness	Party	
Date:				
Students Name: _				
Address:		City:		Zip:
Phone: ()_		E-mail:		
Have you ever stu	died the Martial Art	s before? Y/N:	Where?	
	Relea	se Authorizati	on	
accidents or injuries of them, or otherwise. The employees, against all which may at any time to, any claim or accident The undersigned acknown DO RELATED ACT on rare occasion, can that he/she cannot he any injury that he/she	TIVITIES. The Corporate of any kind whether the some undersigned shall inderended damages, or expense while the made or institutes on the based upon the negligation of the Corporate lead to injury on some part of the above named Corporate may sustain while pract of the Corporation or using timself/herself.	same shall be caused be emnify and save harmitich they or any of them a behalf of the above nare gence of the corporation explained to him/herion are not similar to plain to fis/her body. Here or attorns its agents, senticing or learning TAL	ey or attributable to to less the Corporation, may incur as the resumed student, including, its agents, servants and he/she understolaying Checkers: that it is clearly assumes evants, employees, or its KWON DO RELA	their negligence of any of it's agents, servants, and ult of any claim or actioning, without being limited s, students, or employees tands that TAE KWON they involve a risk, which all risk and understands fellow students liable for TED ACTIVITIES and
Students Signatur	re (21 & Over):			
Parent's Signature	e or Legal Guardian_			
REGISTERED BY	Y:			

PHONE (914) 834-1971 FAX (914) 834-8741