



RoweLin Foundation Martial Arts Registration Form

Student Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student and / or Guardian Name:

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State and Zip: \_\_\_\_\_

Email \_\_\_\_\_

Payment enclosed of: \_\_\_\_\_ (make checks payable to RoweLin Foundation and send to 16234 E Phillips Ln Englewood CO. 80112)

Credit Card Payment via Square

Liability Waiver

I do hereby agree to allow my child to participate in the RoweLin Foundation Super Hero Self Defense Class at 950 Institute St. Colorado Springs, CO. The responsible party must read the entire contract before signing.

Please List anything that Instructors would need to know to better assist your child in our class (Medical Issues, Behavior ect..)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that there are certain risks involved with a Martial Arts/Self Defense Class, and that reasonable efforts will be made to prevent injury or accident. I certify that I am in good physical condition and that I am covered by a personal health insurance policy in the event of injury. I hereby release the organizers, and their respective officers, and the owners of the facilities where the seminar is held from any liability for injury sustained while participating in, watching, or traveling to and from the seminar. I also release any photographs or videotape taken of me during this event to be used by the sponsors for publicity, and waive all claims for compensation for the use of said photos or videotape. It is the Parent and/or Guardians responsibility to bring the student into the building. Due to the nature of this class we will request that at least one parent or guardian be present during the class at all times. Parents and family members are welcome to watch classes and are encouraged to assist the Instructors in teaching the curriculum to the student if the student feels more comfortable in working with them. By signing below indicates that you have read the Waiver and Release guidelines, terms and conditions, and regulations on this contract and fully understand the contents. This contract will remain on file unless the terms and conditions change. At that time a new contract will be executed.

I have executed this Waiver and Release this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Student or Parent / Guardian if under the age of 21

\_\_\_\_\_  
Signature of Company representative