



Name: _____ Birthdate: _____
Parent: _____
Address: _____
City: _____ State: _____
Zip: _____
Email: _____
Home Phone: _____ Cell: _____

I understand that even while every reasonable precaution is taken, accidents can still happen. Therefore, in exchange for the SEIBUKAN KARATE-DO ASSOCIATION (TAKAE-RYU CORP.) allowing me or my children to participate in activities, I release the SEIBUKAN KARATE-DO ASSOCIATION (TAKAE-RYU CORP.) of all liability or any injury, loss or damage connected in anyway whatsoever to me or my child(ren)'s participation in SEIBUKAN KARATE-DO ASSOCIATION (TAKAE-RYU CORP.) activities on or off the premises. I understand that this release includes SEIBUKAN KARATE-DO ASSOCIATION (TAKAE-RYU CORP.) Instructors, members, and participants, and guests. I have read and am voluntarily signing this authorization and release. I also give my permission for me or my child to be photographed by the media or for promotional purposes. I also understand that there are no refunds for this program without a physician's written explanation of inability to participate.

SEIBUKAN KARATE-DO ASSOCIATION
(TAKAE-RYU CORP.)
5855 S. 78th St Tampa, FL 33619
(813) 830-1192 email: info@takae-ryu-corp.org
Website: www.SeibukanKarate.org

Class Schedule
Tuesday & Thursday 6:30-8:00pm

PLEASE NOTE:
Cost \$65.00 monthly
Fees are due on the 1st of each month. A \$10.00 late fee will apply after the 5th.

SIGNATURE

DATE