



Mukashi Kindai Kokusai Rengokai
STUDENT ENROLLMENT APPLICATION
Seisho Karate School



CATEGORY: Adult Junior
(Please circle)

**TO BE FILLED IN BY
THE MKKR**

PLEASE PRINT

All fields are required

Date: _____

Name: _____

Address: _____ Apt. No. _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age _____

Phone, Home: _____ Cell: _____

E-mail Address: _____

Registration No. _____

Registration Paid: \$ _____

1st Lesson Date: _____

Accepted Date: _____

Processed Date: _____

**RELEASE OF LIABILITY, WAIVER, INDEMNITY
AND HOLD HARMLESS AGREEMENT**

I, the above-named individual, hereby make application for membership and training in those martial arts sponsored by the Mukashi Kindai Kokusai Rengokai, which may involve the arts of striking, holds, locks, throws, chokes, kicking, falling, grappling, and other arts. I understand such training involves risks of serious bodily harm, up to and including death, and other forms of physical, mental, emotional, economic, and other injury, which cannot be completely protected against. I understand I will be working with individuals of various skill and talent levels, and those in various forms of physical condition, and that the risk of injury cannot be avoided. I understand that I will experience some level of pain during each technique, and that it is my responsibility to inform the individual performing a technique upon me of this pain by tapping out. I understand that participation requires me to be in good physical health and condition, and that if I have any health concerns, illnesses, injuries, or disabilities of any kind, I will inform the senior students and instructor of the same. However, I also recognize that if I am accepted for training or participation despite the health conditions of which I informed the instructor, it is ultimately my decision to participate in training and no responsibility is assumed by the persons or entities released from liability below. I understand it is my responsibility to inform each individual with whom I practice of any and all physical concerns or limitations that I have. I hereby affirm that I have had the opportunity to inspect the premises and equipment and am satisfied there are no hazards present. I fully and completely accept and assume all risks, both known and unknown, and of any nature whatsoever, of participation in training in the martial arts of the Mukashi Kindai Kokusai Rengokai, even if such risks arise from the negligence of those persons or entities released from liability below.

In consideration for being allowed to participate in martial arts training, I hereby release, discharge, covenant to hold harmless, defend, and forever indemnify the Mukashi Kindai Kokusai Rengokai, Don Brookshire, Mukashi Kindai Ryu Honbu, all officers, directors, instructors, students, members, employees, agents, guests, guest instructors, and

successors in interest of each, in their respective individual and official capacities, for any and all harm or injuries of whatever kind, including without limitation personal injury, mental anguish, illness, death, and property damage, from any and all cause or causes of action, claims, demands, damages, costs, losses of service, expenses, compensation, and all incidental and consequential damages on account of, because of, but for, or arising out of my participation in any aforementioned martial arts event, activity, or training, and to this Agreement I hereby forever bind myself, my agents, heirs, executors, administrators, assigns, and successors in interest.

I understand and agree that if any portion of this Agreement is held or deemed to be unenforceable, voidable, or void, the remaining provisions hereof shall nonetheless be binding and enforceable. It is my desire that this Agreement remain in effect indefinitely and until such time as I give written notice to Don Brookshire or his authorized representative of my intent to revoke the same, at which time I expressly agree that I will no longer participate in any of the aforementioned martial arts events, activities, or training. It is further agreed that a copy of this Agreement, including a facsimile, electronic, or digital copy, is as good and valid as, and shall be deemed to be, an original.

I understand and agree that this Agreement is to be interpreted according to its plain language, pursuant to the laws of the State of South Carolina, and as broadly and inclusively as possible for the protection of the Mukashi Kindai Kokusai Rengokai, Don Brookshire, Mukashi Kindai Ryu Honbu, all officers, directors, instructors, students, members, employees, agents, guests, guest instructors, and successors in interest of each. I have read and fully understand each provision of this Agreement.

Upon acceptance for training I sincerely pledge to obey all rules and regulations of the organization.

Applicant's Signature: _____ Date: _____

Witness Name: _____ Witness Signature: _____

Execution by Parent or Guardian of Applicant Under Age 18

I, the undersigned parent or legal guardian of the applicant identified above, acknowledge that I have read, understand, and fully adopt all terms and conditions set forth within the above Agreement. **I hereby assume, exclusive of all others, all risks, both known and unknown, affecting, and liability for, the applicant's safety while he or she is involved with the above-referenced martial arts events, activities, or training, and consent for the applicant to participate in the events, activities, or training despite the inherently dangerous activities associated therewith.** I freely and intentionally bind myself and all others who have or may potentially have an interest in the applicant's well-being, including, without limitation, our heirs, personal representatives, successors, and assigns, to the terms and conditions set forth within the above Agreement and this document as a whole. I agree that any potential party released, or purportedly released, from liability as set forth in the above Agreement should be summarily dismissed from any future action alleging harm or damage to the applicant as a result of or associated with his or her participation in the martial arts events, activities, or training, and that I should be substituted in place of any or all of the potential parties named therein.

Parent/Guardian's Name

Relationship to Applicant

Parent/Guardian's Signature

Date

Witness Name: _____ Witness Signature: _____