Spatha, LLC
Student Registration/Release Form

Student Name:_____Birthdate:_____
Parent's/Guardian's Name (if student is a minor)_____
Address:_____City_____
State:_____ Zip Code: _____ Home Phone: _____Wk Phone_____
Emergency Contact_____ Phone: _____
E-mail address:_____

AUTHORITY TO TREAT

I, the undersigned, give the instructors staff and responsible adults the power to authorize medical or other treatment of the person named under "Student Name" subject to the limitations below if any. If I am not the person so named, I am the parent, or guardian responsible for the person named, and I have the legal right to grant this power. Treatment may be made without regard to whether I or any other parent or guardian responsible has been contacted or has consented to the specific treatment, provided it does not conflict with the limitations below. This authority begins on the date signed and continues indefinitely. I understand that the instructors, senior students, or others may have some skills in first aid, CPR, and, at their discretion, I authorize them to use those skills and techniques to assist in any circumstance in which they judge their skills would be necessary or helpful.

Medical limitations or conditions:

_____
_____
_____
_____

_____ _____
Signature of Student Signature of Parent / Guardian
(If Under 18)

_____ _____
Date Date

ADVISORY OF RIGHTS AND RESPONSIBILITIES/ASSUMPTION OF RISK

Safety is not the sole responsibility of instructors and staff. All students in class are responsible for their own safety and the safety of others around them.

All students have the right and responsibility to excuse themselves from any exercise they believe will be harmful to them. All students must evaluate each situation in the context of their skill and current physical condition, and conduct each drill in a safe manner. If an instruction is given that is unsafe, it is the student's responsibility to inform the instructor that the drill may be unsafe. The instructor will routinely excuse the student from unsafe exercises and drills. The instructor may ask for an explanation, and the student is expected to provide one.

Martial arts is a potentially dangerous activity. Bumps, bruises and minor soreness are commonplace, and most students may encounter these from time to time. More serious injuries are possible, including sprains, or injuries to bones or joints, or other injuries. As in any sport, there remains a remote possibility of crippling or death, though this is certainly not expected at Spatha, LLC.

I understand the above statement of risk, and I understand the rights and responsibilities of students. I assume all responsibility for my own safety (or of my child), accepting the risks involved with martial arts training. By assuming this risk, I completely absolve Spatha, LLC, staff, guests, students, and other parties of liability for any harm, unless intentionally caused in criminal content.

_____ _____
Initials Initials

NOTICE AND CONSENT TO PHYSICAL CONTACT

Complete martial arts training involves a wide variety of skills. While practicing these skills, students may have contact with any portion of the body. The groin may be the target of kicks, strikes and grabs. Any part of the body may be contacted by any part of the training partner's body during training by martial art techniques or incidentally contacted during training as well.

When male and female students or adult and minor students train together, and in any other training combination, the purpose of the school, instructors and staff is to provide an environment for students to learn and practice self-defense. Students are expected to conduct themselves appropriately at all times to ensure the best training results.

Should any student feel that a training partner is engaging in contact beyond the scope of training, or a training partner is taking undue and unacceptable advantage of training contact, or if a student is made uncomfortable by any training exercise or partner, then that student has the right to withdraw from the exercise or drill. If the conduct of the training partner appears inappropriate, the student should inform an instructor privately.

I understand the nature of physical contact in martial arts training, and I understand that I have the right to immediately withdraw from any exercise or drill in which the conduct of any party seems beyond the scope of training or makes me uncomfortable. I agree to abide by school etiquette in all matters pertaining to training, and I shall not in any way conduct myself inappropriately or take inappropriate advantage of the contact martial arts training allows.

_____ _____

Initials Initials

INDEMNIFICATION BY PARENTS: (Applicable only to Parents enrolling Minor Child)

I agree not to bring any claim or suit against Spatha, LLC its instructors or any other parties on behalf of my child for any injury or harm sustained by any event short of a criminal act, and then only the criminal shall be the subject of such a claim. I further agree that I will not cause to be brought, nor encourage a claim or suit. I also agree not to cooperate in the bringing of such a suit or claim except insofar as I may legally required to do so. Finally, I shall indemnify Spatha, LLC, instructors, staff, guests, students and any and all additional defendants covered by this agreement for all judgments, costs, attorney fees and other expenses incurred as a result of a breach of this agreement.

_____ _____

Initials Initials

ARBITRATION CLAUSE

Should any dispute arise between me, my child, or anyone acting in my behalf, regarding Spatha, LLC, then I specifically agree that the dispute shall be resolved in binding arbitration.

SEVERABILITY

If any clause, sentence, phrase or statement is found unenforceable or invalid by any court, the remainder of the document shall remain valid and enforceable.

DURABILITY

This document is effective from the date signed with no expiration. Furthermore, the terms of this document are retroactive to the beginning of training and visiting Spatha, LLC, if this document was signed after that date. I have read this document, and I understand the content of it. I agree to abide by the terms of it.

_____ _____

Signature of Student Signature of Parent / Guardian
(If Under 18)

_____ _____

Date Date

Witness_____ Date_____