## Welcome to SMA

www.silvamartialarts.com 247-6811

STUDENT'S NAME:	OFFICE PHONE: _ CELL PHONE: _ EMAIL:	(please write clearly
How did you hear about us?		
Do you have any health conditions or injuries we need	to be aware of? Please explain:	
ACKNOWLEDGEMI	ENT AND RELEASE FORM	
I, the applicant, on behalf of myself, members of my factorial hereby forever release, discharge and hold harmless Sit agents for any injury, loss or damage to my person or possible with my taking part in Martial Art Classes, Self Defense may have been contributed to or occasioned by the negrepresentatives or agents. Please note: Participants in The undersigned acknowledges that:  1. He/She is desirous of using, as a member on a mem "Silva Tae kwon Do Black Belt Academy".  2. He/She has received a completely executed copy of the the confirms that there were no verbal present the He/She may be photographed or filmed while attent Academy and he/she gives permission to Silva Tae I and all photos, video footage, and/or video stream purposes for all media including internet.  5. The waiver was read and he/she agrees to abide by	Ilva Tae kwon Do Black Belt Academy, reports property howsoever caused, arising out of a Seminars and activities and notwithstan agligence of Silva Tae kwon Do Black Belt must supply their own protective equipments at the premises of Silva Tae kwon Do Black Belt and at the premises of Silva Tae kwon Do Black Belt Academy, and any affing for promotional, sales, publicity, and	oresentatives and for in connection ding that the same Academy, ent.  rein referred to as agreement. The Black Belt filiates to use any
<u>If student is under age 18, pleas</u>	se provide complete information below.	
Silva Tae kwon Do Representative	Print Name (Student/Parent/Guardian)	

Date

Sign Name (Guardian if participant is under 18 years of age)