Assumption of the Risk

Application to Participate in the Trinity Wesleyan Church Karate Program

Name_____**Age**_____

Phone _____**Cell**_____

Address_____

City_____**State**_____**Zip**_____

E-Mail_____

Person to be contacted if an emergency should arise:

_____**Relationship**_____

Phone _____**Cell** _____

I, the undersigned, hereby acknowledge that I am aware of and fully appreciate the nature of the premises, of the Trinity Wesleyan Church Karate class, of the Physical Activity in which I have requested to be allowed to participate, and the danger of Death or Injury by my participation therein, and I knowingly, deliberately and voluntarily choose to expose myself thereto and I assume all risks therein, and I solemnly Covenant, Contract and agree that, if I am injured thereby, I have hereby released, or I will, without the tender of payment of any other or further consideration whatsoever, release indemnify, save and hold harmless from liability, whatsoever, any official, Associations, Corporations, Promoter, Instructor, or any one involved in the said Karate Class, and thereby assume full and sole responsibility for death or any injury to my person. I have read the foregoing, or it has been read to me, understand the same, and agree to abide by all rules promulgated and to be promulgated by the Trinity Wesleyan Church Karate Class. I acknowledge that I have the right to refrain from performing or participating in any activity associated with this Karate class that I deem unsafe and assume all responsibility for my own safety.

I, the undersigned, hereby acknowledge that I am aware of the above agreement and that no misrepresentation of the agreement has been made and I hereby consent and agree.

_____ _____

Signature of Applicant **Date**

_____ _____

Witnessed **Date**