

Grand Master Wu's Tai Chi & Kung Fu Center

Dr. Kenneth Wu, BSc., OMD, RAc., DAC., NAET www.drkennethwu.com

Name: _____
Birth date: _____
Address: _____
Phone: _____
E-mail: _____
Occupation: _____
Martial Arts/Sports Background: _____
Reason for taking class: _____

It is your responsibility to inform Dr. Wu about any physical limitations or illness which may effect your participation in the classes and to adjust your participation in the classes so as not to aggravate your physical or medical limitations.

WAIVER

In consideration of Dr. Kenneth Wu ("Dr. Wu") accepting this application, I, _____ for myself, my heirs, executors, administrators and assigns release Dr. Wu, his respective servants, agents, volunteers or employees, including but not limited to Kenneth Wu, 355632 Alta. Inc., Acupuncture Clinic, and instructors, from any claims, demands, damages, actions, or causes of actions arising out of or in consequence of any loss, injury or damage to my person or property incurred while attending at or participating in Tai Chi or Kung Fu courses or competitions notwithstanding any such loss, injury or damage may have arisen by reason of the negligence of Dr. Wu, his servants, agents, volunteers or employees. Without limiting the generality of the foregoing, I further release any recourses which I may now or hereafter have resulting from any decision of Dr. Wu.

I acknowledge that there are inherent risks associated with this activity and that I could sustain personal injury through participation in this event and am hereby agreeing to take that risk on behalf of myself.

I acknowledge that in many situations untrained volunteers may be involved in coaching, officiating or supervising these activities.

I do hereby consent that any pictures furnished by me or any pictures taken of me in connection with said class can be used for publicity or for promotional purposes by Dr. Wu without any compensation being payable to me.

I agree that there is no refund after starting the class.

Dated: _____ Signature of applicant: _____

Signature of parent or guardian if under 18 years of age: _____

INDEMNIFICATION

In consideration of Dr. Wu accepting the within application, I, _____ parent/guardian of _____ agree to indemnify Dr. Wu, his respective servants, agents, volunteers or employees, including but not limited to Kenneth Wu, 355632 Alta. Inc., Acupuncture Clinic, and instructors, from any claims or demands which might be made arising out of or in consequence of the attendance or participation by _____ in a Tai Chi and/or Kung Fu course or competition.

I am the parent or legal guardian of _____. I have completely read and fully understand the foregoing Waiver and Indemnification Agreement and agree to be bound by the terms and conditions contained herein.

Dated: _____ Signature of parent/guardian: _____