

WELCOME TO LYN ACADEMY OF MARTIAL ARTS SCHOOLS

NAME _____ Date of Birth _____

CHILD'S NAME _____ Date of Birth _____

ADDRESS _____ CITY _____ ZIP _____

H# _____ W# _____ ALT# _____ E-Mail _____

JOB _____ EMPLOYER _____ CITY _____

Have you studied a martial art before?_ What style? _____

Duration/Rank? _____ Reason for stopping _____

Do you have any physical or mental problems that may require special attention from the instructor?_ If so, please explain _____

Are you using any drugs?__ If yes, explain type, dosage and reason: _____

How did you hear about our school? _____

Circle the 3 most important reasons for studying this martial art:
Self Defense, Flexibility, Fun, Self Confidence, Meditation,
Physical Fitness, Mental Discipline, Weight Loss, Stress Relief,
Spiritual Growth, Sparring, Self Control, Other (explain) _____

HOLD HARMLESS Legal Release and Consent Form (Please Read Carefully)

I understand that the study of the martial arts may, by its nature, be dangerous. I hereby accept that risk as my own responsibility. I further attest that my Doctor is aware of my study of this martial art and has declared it to be a regimen fit for my current state of health.

I agree not to hold The Lyn Academy of Martial Arts Ling Gar Kung Fu, Tai Chi Chuan and Kick-boxing, Inc., or any of their officers, instructors, employees, servants, agents, or students liable to myself, my parents, guardians, heirs, executors, administrators, or assigns for any damages, or redress in any form for any injuries caused to or sustained by myself due to an accident of any kind, on or off premises, whether such accident shall have been caused by, or arise from, its or their negligence or from any cause whatsoever, except that this waiver of liability shall not extend to any instructor, officer, employee, servant, or agent who causes any such injuries by his or her willful and malicious act. I further release the above from any liability for any financial expenses that may be incurred as a result of such injuries. I similarly release the Towns of Stamford, Connecticut and New York City and their agencies.

I hereby assume the risk of injuries to myself while attending all lessons, classes, clinics, courses, and seminars or any activity in the school or on its grounds or in any demonstration given by the school or its owner, employees, or agents.

The undersigned student hereby agrees not to sue the school, its instructors, agents, servants, officers, or employees and shall indemnify and save harmless the above mentioned against all damages, loss, or expense which they incur as the result of any claim or action, which may, at any time, be made or instituted by or on behalf of the undersigned student of his or her representative, parent, or guardian.

I understand that I, my child or charge may be dismissed at any time without recourse, whether financial or otherwise, for disruptive behavior in class or a school sponsored or attended event, including but not limited to clinics, demonstrations, and tournaments, or for fighting whether within or without the school, or for any other action, attitude, or behavior that may be deemed detrimental to this school or its image.

Consent also is hereby given to use my name, picture, portrait, likeness, writings, biographical information, audio/videotape recordings, sound or silent pictures of me in any media by the school, its owners or those associated with it in any way for editorial, educational, promotional or advertising purposes, or for any other purpose in furtherance of the corporate or business objectives of Lyn Academy of Martial Arts and/or its owners.

Additionally, it is understood and agreed to by the undersigned, that no person may teach Ling Gar Style Kung Fu, Tai Chi Chuan, Kick-boxing or any Lyn Academy of Martial Arts original proprietary precept, or any other martial art style, derivative, form, or principle taught in this school system without the express written consent of Prof. Sifu Vincent Lyn

This release and consent shall be binding upon me, my heirs, executors, administrators, assigns, and all legal guardians of my child. If a court of law finds any portion of agreement to be illegal, invalid, or otherwise unenforceable, the remainder shall remain in full force and effect.

DATE _____ STUDENT SIGNATURE _____

PARENT/GUARDIAN SIGNATURE (If under 18) _____