



United States Yoseikan Budo Association

REGISTRATION FORM

RELEASE & HOLD HARMLESS AGREEMENT

Name _____

Address _____

City _____ State _____ Zipcode _____

Email _____

Phone (Home) _____ (Work) _____

Date of Birth _____ Occupation _____

Person to Contact in Case of Emergency:

Name _____ Phone _____

Please describe any physical limitations that may affect your training.

Please list any other martial arts training you have received.

How Did You Learn of Us? (Yellow pages, Internet, etc) _____

“I desire to voluntarily participate in Yoseikan Budo. I understand that participation may result in injury. I hereby forever release and hold harmless The United States Yoseikan Budo Association, its instructors, affiliate clubs, and host organizations from any claim, including court costs and attorney’s fees, which may result from or arise out of participation in Yoseikan Budo.

I hereby certify that, to the best of my knowledge, I am in good health and physically capable of actively participating in this activity.”

Date _____ Signature _____

Reg & Annual Pd _____