



Portland Soo Bahk Do

Student Registration Form

Soo Bahk Do/Therapeutic Martial Arts
(503) 502-2965 Charles@Portlandsoobahkdo.com

Date: _____ Gender: Male Female Non-Binary

Student Name: _____ Age: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

Parent Name (if applicable): _____ Phone: _____ E-mail: _____

Address (if different): _____

Parent Name (if applicable): _____ Phone: _____ E-mail: _____

Address (if different): _____

Shirt Size (for uniform sizing, if applicable): _____

RELEASE

In consideration of the acceptance of my application for entry in the above Soo Bahk Do / Korean Martial Arts program, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage I may have, or which my subsequently accrue to me, as a result of my participation in the Soo Bahk Do / Korean Martial Arts program. This release is intended to discharge in advance any and all liability arising out of or connected in any way with my participation in this program, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

I further understand that serious accidents occasionally occur during activities within an athletic center. Knowing the risks, nevertheless, I hereby agree to assume those risks and to release and hold harmless all persons or entities mentioned above, who (through negligence or carelessness) might otherwise be liable to me, or my heirs or assigns, for damages.

I further state that I am of lawful age and legally competent to sign this affirmation and release; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document of my own free act. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

I agree to abide by the rules and regulations of Portland Soo Bahk Do and the United States Soo Bahk Do Moo Duk Kwan Federation. I agree that my typed name below is legally equivalent to my handwritten signature.

Dated this _____ Day of (month) _____ (year) 20_____

Signature of Applicant Staff Witness

* Parent or guardian must sign for children under 18 years of age.

For Office Use- Uniform size _____