

# STUDENT TRAINING RELEASE

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Name (if applicable): \_\_\_\_\_

Student or Parent (if applicable) Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Student or Parent (if applicable) Employer: \_\_\_\_\_

Student or Parent (if applicable) Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Type Of Program Applying For

**Little Ninjas    Kihon    Jizaikan**

I, the undersigned, do voluntarily submit my child's or my application for attendance and participation in all Martial Arts instruction and any activities offered through the Jizaikan organization and Jizaikan Kage Dojo. Including seminars, training camps, holiday camps, competitions and special events held on Jizaikan Kage Dojo property or held at another location by the Jizaikan organization.

I do hereby assume full responsibility for all damages, injuries and or losses that I may sustain or incur on Jizaikan Kage Dojo's property or during any event held at another location. I do understand that with all contact related sports there is an inherent risk for possible injury or even possible death. I do voluntarily accept full responsibility for my child and/or myself while attending or participating in any activity sponsored wholly or in part by the Jizaikan Kage Dojo. I do hereby waive all claims against the promoter, operator, sponsors, Thomas J. Maienza, Michael W. Francis, James Jarvis, Charles Jackson, The Jizaikan Kage Dojo, or any employees of said business, for any claim or injuries that my child or myself may sustain. I further consent that my child or myself is in good health and have consulted with a physician as to my child's or my physical condition and that I have medical approval to begin this type of training.

I do understand that any medical treatment given to my child or myself will be of a first-aid type treatment only. Any professional medical treatment expense is my responsibility and I waive any right to claim against the Jizaikan organization owners, Jizaikan Kage Dojo, affiliates or staff.

I understand that all programs offered by the Jizaikan Aiki-Ninjutsu Federation, Jizaikan Kage Dojo are owned copy written. Any attempt on my part to copy, teach or reproduce any part of these programs without the written permission of, Thomas J. Maienza is a direct infringement on the copyright and will result in prosecution.

If under the age of eighteen, this release and consent must be signed by a parent or legal guardian.

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2008

Student Signature or Parent (if applicable)