

J. R. Miller Martial Arts Class Registration Form

<u>STUDENT INFORMATION</u>	
Student Name:	E-Mail: (Optional)
Mothers Name:	E-Mail:
Father Name:	E-Mail:
<u>HOME ADDRESS</u>	
Street:	
City:	APT. #
State:	ZIP Code:
<u>PERSONAL INFORMATION</u>	
Date of Birth:	
Male/Female:	
Current Age:	
<u>PHONE INFORMATION</u>	
<u>Home</u>	<u>Cell:</u>
<u>Previous TKD Schools Attended</u>	
Name of School:	
Rank Held:	
<u>Medical Conditions/Prescriptions</u>	
<u>Comments</u>	
Signature:	Date.

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RELEASE OF ALL CLAIMS AND AGREEMENT TO INDEMNIFY AND HOLD HARMLESS AND IMAGE USE CONSENT

I, _____, the undersigned person, individually, and as parent and/or legal guardian of _____, a minor, (hereinafter referred to as "RELEASOR"), does hereby knowingly and voluntarily remiss, release, acquit, forever discharge and agree to hold harmless J. R. Miller Martial Arts and J. R. (Jill) Miller, their spouses, heirs, executors, administrators, personal representatives, agents, servants, employees, successors, insurers and assigns, and each of them (hereinafter collectively referred to as "RELEASEES"), from any and all loss, claims, damages, causes of action or suits, if any, which RELEASOR may now or hereafter have or raise, whether known or unknown, for: any and all damages due from negligence causing personal injury, pain, suffering, and diminution in value or loss of use in personal property; any and all lost wages and earnings, or impaired earning capacity; any and all medical expenses incurred; any and all inconvenience or embarrassment suffered; any and all physical, emotional and/or psychiatric conditions and/or disabilities suffered or experienced; any and all Civil Rights infringed; any and all services and consortium lost; and, any and all other damages, whatsoever, if any, whether in the past, present or future, and known or unknown, arising and/or incurred: while RELEASOR is upon or about RELEASEES' premises, domicile or residence; and/or while RELEASOR is participating in RELEASEES' program of Martial Arts education, training, competition and/or certification, which program the RELEASOR expressly acknowledges is an inherently dangerous and hazardous activity that is known to cause personal injury or death to program participants.

The undersigned RELEASOR hereby knowingly and voluntarily agrees: to fully protect and indemnify the said RELEASEES against any and all claims for damages, compensation or loss, as set forth and as described hereinabove, by and/or on behalf of said RELEASOR: and, to reimburse, indemnify or otherwise make good any and all loss, damage, expense or cost the said RELEASEES may have to pay if any litigation arises from said claims, as set forth and as described hereinabove; and, to waive any and all rights of exemption, both as to real and personal property, to which the undersigned RELEASOR may be entitled under the laws of this or any other state, as against such claims for reimbursement or indemnify by RELEASEES; and, to expressly reserve all rights of RELEASEES to pursue their legal remedies, if any, against the undersigned RELEASOR(S), and (her) his heirs, executors, agents and assigns.

I also consent and agree to the use of my likeness and my child's likeness in pictures and other media, by j. R. Miller Martial Arts and their respective officers, agents, representatives, successors, and/or assignees without compensation or any other consideration.

This RELEASE. . . AND AGREEMENT . . . is entered into solely because of the desire, on the part of all parties hereto, to avoid time-consuming and vexatious litigation; it is therefore understood and agreed that such RELEASE. . . AND AGREEMENT . . . does not constitute an admission of liability on the part of anyone hereto; and, RELEASOR expressly warrants that (s) he is over eighteen (18) years of age and/or is legally competent to execute this RELEASE. . . AND AGREEMENT ; and, before signing this RELEASE has read and then executed same with full knowledge of, and consent to, the terms herein set forth.

Signature: _____
INDIVIDUALLY, AS PARENT OR LEGAL GAURDIAN

Street: _____
City: _____ State: _____ Zip: _____