

Evans Kempo Karate School of Natural Law

Supporting Membership Agreement

Name(s) & D.O.B. _____

Address: _____

Phone: _____

Email: _____

Parents' Names (if filling out for a child) _____

TRAINING AGREEMENT AND WAIVER OF LIABILITY

I hereby represent that all persons named on this form are physically and emotionally fit to engage in martial arts instruction, that I have had the training procedures explained to me, and that I have been offered the opportunity to observe a training session in progress. I further acknowledge that by entering upon the course of martial arts training, all persons named will be exposed to a risk of personal injury arising out of possible negligence or unavoidable accident due to the very nature of the physical arts of self-protection. By signing this agreement, it is my stated intention to knowingly assume such risk, and to hold Evans Kempo Karate, John P. Evans, all agents, landlords, representatives, teachers and students thereof completely free of liability for any injury sustained as a result of my participation in martial arts instruction.

INDEMNIFICATION BY PARENTS

I agree not to bring any claim or suit against the school, John P. Evans, teachers, staff, guests, students, landlords, franchiser, or any other parties on behalf of my child for any injury or harm sustained by any event short of a criminal act, and then only the criminal shall be the subject of such a claim. I further agree that I will not cause to be brought, nor encourage a claim or suit. I also agree not to cooperate in the bringing of such a suit or claim except insofar as I may be legally required to do so. Finally, I shall indemnify the school, instructors, staff, guests, students, franchiser, and any and all additional defendants covered by this agreement for all judgments, costs, attorney fees and other expenses incurred as a result of a breach of this agreement.

PAYMENTS

As a supporting member I agree to pay _____ for 12 consecutive months, starting on _____ and on the same day each month until this agreement expires. Payments will be automatically deducted from my credit or debit card each month. In exchange for my commitment to the school I will receive a free uniform for each supporting member listed above, 10% off on all merchandise and free belt testing for any rank. Each supporting member may attend all classes for their age and rank. No refunds are given for any reason for money that has been paid to the school. I understand I have 3 days, from the date I signed, to cancel this agreement - otherwise I am bound to the terms herein.

DURABILITY

I have read this document and I understand the content of it. I agree to abide by the terms of it.

Student Signature (Parent or Co-signer if under 18)

Date