



Golden Phoenix School of Chinese Martial Arts

New Student/Participant Information & Liability Waiver Form

Chief Instructor: Sifu Vincent Sodders

(PLEASE PRINT CLEARLY ALL APPLICABLE FIELDS)

New Student/Participant Information

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email: _____

Birthdate: ____/____/____ Age at Enrollment: _____ Male/Female (please circle one)
Month Day Year

Medical Information

Previous Physical Injuries: _____

Allergies: _____

Other Condition or Disability: _____

Emergency Contact Information

1. Name: _____ Relationship: _____

Best Phone Number: (_____) _____ Home/Cell/Work (please circle one)

2. Name: _____ Relationship: _____

Best Phone Number: (_____) _____ Home/Cell/Work (please circle one)



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(PLEASE READ EACH STATEMENT CAREFULLY BEFORE INITIALLING/SIGNING)

Waiver & Release of Liability, Assumption of Risk, and Indemnity Agreement

___ I understand that Kung Fu, Tai Chi, Wing Chun, Jujitsu and all other health and self-defense systems taught at Golden Phoenix School of Chinese Martial Arts (the "School") are physical combat martial arts systems which can result in minor or serious injuries, and possibly even death. I agree to respectfully follow all rules and instruction given to me by school staff to ensure my personal safety and the safety of other students and participants.

___ I agree that I will hold harmless and do hereby release Sifu Vincent Sodders and the School from any personal injuries, or property damage that I may sustain during my participation in any class, seminar, tournament or event at the School or hosted elsewhere by representatives of the School.

___ I agree that I will hold harmless and indemnify any Golden Phoenix School of Chinese Martial Arts instructors, students, and guests for any personal injuries, or property damage that may result from my participation in classes, seminars, tournaments or events at the School or hosted elsewhere by representatives of the School.

___ I understand and agree that any pictures or videos that are taken may be used by Golden Phoenix School of Chinese Martial Arts without further permission from me. I hereby waive the right I may have to inspect them and understand there is no compensation to be paid to me for the use of my pictures or videos containing them.

Participant/Student Signature: _____

Parent/Guardian Signature: _____
(for students under age 18)

Date: _____