



REVERENCE KARATE-DO INSTITUTE

Student Information & Waiver

Name _____ Pronouns _____

Birth Date _____ Age _____

Mailing Address _____

Street

City

Zip

Telephone Number _____ Alternate _____

Emergency contact name/number _____

Email (Required for Billing) _____

Medical Issues (if any) _____

How did you hear about Reverence Karate-Do Institute? _____

Do you have any previous Martial Arts experience? _____

If participant is under 18 years old

Parents Names _____

PLEASE READ AND SIGN

I do hereby agree to waive all claims against Reverence Karate-Do Institute LLC, AKANA, its instructors, Trustees of the Hwang-Chun Irrevocable Trust, or its agents for any injuries that I may sustain. I understand that the nature of my course does not preclude injury to my person and I agree to assume full responsibilities for any injuries I might sustain as a student of Reverence Karate-Do Institute and AKANA.

Signature of Applicant

Signature of Parent/Guardian

Date