

Osupurē Karate

Introductory Class Release Form

(Please fill out form in its entirety and sign and date at the bottom)

Student(s) Name: _____

Parent/Guardian Name (If Student under 18 years old): _____

Street Address: _____

City: _____ ST: _____ Zip: _____

Best Contact Number: _____

E-Mail (for Correspondence purposes ONLY): _____

(Check Preference)

Please Contact Me Via Phone _____ Please Contact me Via E-Mail _____

Why Are You Interested in Karate Training (Check all that Apply)

Physical Fitness _____

Improve Focus _____

Discipline _____

Flexibility _____

Self Defense _____

Inner Spirituality _____

Coordination _____

ADHD _____

Social Aspects _____

Weight Loss _____

Stress Management _____

Always Wanted to Try _____

Other (please explain) _____

How Did You Hear About Us? (Check All That Apply)

Referral from (please list name): _____

Daniel Island News Ad _____

Instagram: _____

Website _____

Facebook _____

Twitter _____

Karate Bus _____

Word of Mouth _____

Walk By/See the Dojo _____

Community Event (list) _____

Waiver of Participation: I hereby waive all rights and claims for damages against Osprey Karate, LLC and release Osprey Karate, LLC, its representatives, agents, sponsors, supervisors, employees and instructors of all liability, directly or indirectly connected to participation in all events and activities associated with Osprey Karate, LLC and its partnering entities. Osprey Karate, LLC retains all rights to terminate or suspend this contract for any unpaid fees, unlawful actions or misrepresentation on the part of above mentioned student(s) and/or buyer.

Parent/Guardian Signature: _____ Date: _____