



**Sandy**  
9484 South Union Sq.  
801.571.KICK

**Midvale**  
7235 South 300 West  
801.561.KICK

**Kearns**  
3898 West 5535 South #8  
801.963.KICK

## Introductory Information

Date: \_\_\_\_\_

Student: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

Birthday: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home #: \_\_\_\_\_

Parents (If under 18) Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Learning Objectives:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Self Defense          | <input type="checkbox"/> Confidence              | <input type="checkbox"/> Discipline     |
| <input type="checkbox"/> Physical Conditioning | <input type="checkbox"/> Relaxation /Meditation  | <input type="checkbox"/> Weight Control |
| <input type="checkbox"/> Sport                 | <input type="checkbox"/> Martial Arts Philosophy | <input type="checkbox"/> Self Control   |

I hereby agree to participate in the *WestWind Karate Fitness Program(s)* given by *WestWind Karate Inc.*, its officers, directors, employees, coordinators, and agents, upon the understanding and agreement that:

1. You represent to us that you (the member) have no physical, mental, or emotional illness that could impair training or that could make the training injurious. While every effort will be made on our part to make the classes and facilities as safe as possible, you realize that any physical activity has the potential for injury and you waive any claim of accidental and/or negligent damage against us and/or our principles, officers, or instructors resulting from activity.
2. I also release the Company from any liability arising from my use of any and/or all equipment provided by the company.
3. I understand I will be held responsible for any negligent damage (replacement/repair) to equipment I am using that is owned or provided by the company.

I hereby acknowledge an assumption of risk by accepting and agreeing to allow my child/myself to participate in *WestWind Inc. Karate Activities*.

Witness: \_\_\_\_\_ Student: \_\_\_\_\_ Guardian: \_\_\_\_\_

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