



FOSTER'S SHORIN RYU KARATE MEMBERSHIP INFORMATION

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Age: _____

Email Address: _____ Phone: _____

Parent/Guardian: _____ Relationship: _____ Phone: _____

Parent/Guardian: _____ Relationship: _____ Phone: _____

Medical Conditions: _____

Notes: _____

(\$100 fee if I bring a nonmember into the facility to work out without owners' permission and signed waiver)

By signing below, I, certify that I am physically able to use all facilities and do hereby agree that this facility, owners, operators, associates, and trainers will not be held responsible or liable to me for any injury, accident, loss of personal property, or death. I understand that I cannot transfer this membership to any other person nor is any portion of my membership refundable after 3 business days from the signing of this agreement. I do hereby release this facility and its employees from any claim or cause of action which may have occurred as a result of any condition known or unknown which I have knowledge presently or in the future. I verify no promise or guarantees, other than those written in this agreement were made to me by this facility or its employees. I agree to follow the instructional guideline and to cooperatively utilize this facility with other members.

I certify that I have read this agreement and agree to the terms herein,

Members Signature: _____ Date: _____

Guardian Signature: _____ Date: _____
(If under the age of 18)