



Student Name: _____ Age _____ D.O.B. ____ / ____ / ____

Home Information:

Address _____

City, State, Zip _____

Home/Cell # _____

E-Mail Address _____

In consideration for my attendance and participation in Agogi Martial Arts of Brewerton, L.L.C., training, I, the student/parent, acknowledge the existence of inherent risks in this type of training and hereby agree to assume all risks. I further relieve Agogi Martial Arts of Brewerton, L.L.C., its management, assigned staff, fellow students and all others from any liability resulting from personal injury or loss of personal belongings. I also acknowledge that the students named above are physically fit to take the prescribed course of instruction and do so of their own free will for an established fee. I understand there is no refund policy on any monies paid to Agogi Martial Arts of Brewerton, L.L.C.

Signature _____ Date ____ / ____ / ____