
SHAOLIN XIU SCHOOL OF KUNG FU

Name _____

Name of Parent/Guardian
(if under 18 years of age) _____

1. I do not suffer from a medical condition that may increase the risk of an incident resulting in injury to myself or to others.
2. I understand that the training requires a moderate level of fitness and is physically demanding.
3. I must attend training in suitable clothes and must always abide by the safety instructions and rules given by the instructor.
4. I accept that there is a risk of physical injury when undertaking the training exercises.
5. I understand that my participation with Shaolin Xiu School of Kung Fu is at my own risk and I accept all responsibility. Shaolin Xiu School of Kung Fu and the instructors will not be held responsible or liable for any accidents, direct or indirect loss, damage or injury arising from or in connection with the training, classes and events held by the school.

By signing this form, I confirm that I have read and understood the conditions stated above and I accept the terms of this disclaimer agreement.

Signature _____

Signature of Parent/Guardian
(if under 18 years of age) _____

Date _____