



**United Studios of self Defense
1345 Howard Avenue
Burlingame Ca. 94010**

Guest Registry and Waiver

DATE _____

STUDENT NAME/NOMBRE _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

E-MAIL ADDRESS _____

PARENT'S NAME (IF UNDER 18) _____

ADDRESS _____ CITY _____ ZIP _____

REASON FOR CONSIDERING MARTIAL ARTS LESSONS _____

HOW DID YOU HEAR ABOUT OUR SCHOOL _____

DO YOU HAVE ANY INJURIES OR MENTAL CONDITIONS THAT WE SHOULD BE AWARE OF?

I understand that Karate requires a great deal of physical and mental exertion and physical contact. I understand that United Studios of Self Defense, its instructors and other students are not responsible for any accidents, injuries or loss of personal property while attending , or training at this school, and I release each of them from liability arising from any such claims, whether involving accident, negligence or physical injuries. **This is a release. Please read before signing.**

SIGNATURE/firma _____ DATE/fecha _____

IF UNDER 18 YEARS OLD

I, on behalf of myself and minor child, hereby release the school, United Studios of Self Defense, its instructors and students from all liability arising from any accidents, injuries or loss of personal property while attending or training at this school, whether involving accident, negligence or physical injuries. **This is a release. Please read before signing.**

SIGNATURE/firma _____ DATE/fecha _____

**THERE ARE NO REFUNDS FOR LESSON FEES
STUDENTS ARE REQUIRED TO GIVE
24 HOURS NOTICE TO CANCEL A LESSON**