



115 South Main St, Beacon Falls CT 06403 / 203(941-0031) /TaroKarate@gmail.com

First _____ Last _____ D.O.B. _____ Age: _____

Email: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Any Previous Injuries: (Y/N) If yes, explain: _____

Have you consulted your physician for taking any kind of physical activities? (Y/N)

Any other health conditions we should know about: _____

Emergency contact number: _____ Relation: _____

Waiver and Harmless Agreement

I understand that fitness and related activities can be dangerous.

I understand that injuries can occur due to my own negligence, negligence of others or through no fault of anyone because of the physical nature of fitness related activities.

I voluntarily released MindfitCT&TaroKarate LLC, as well as its owners, and principals for any accident, loss damage, or death occurring to myself, or my minor child, including those caused by the negligent act or omission arising out of, or connected with, participation in any activities of MindfitCT&TaroKarate LLC, or the use of any equipment on the premises of MindfitCT&TaroKarate LLC. I agree to indemnify and hold harmless, its principals and MindfitCT&TaroKarate LLC assigns on any account of any such claim. I also agree to indemnify and hold harmless all Members of MindfitCT&TaroKarate LLC on any account of such claim.

By signing this Hold Harmless Agreement, I hereby waive, to the full extent permitted by law, any claim in law or in equity which I, or another on my behalf, may have otherwise asserted against MindfitCT&TaroKarate LLC, its instructors.

I HEARBY REPRESENT AND WARRANT THAT I HAVE READ, REVIEWED, AND COMPLETED THE ABOVE WAIVER CONSENT FORM WHICH RELEASES MindfitCT&TaroKarate LLC , ITS OWNERS FOR DAMAGE, INJURY OR DEATH RESULTING FROM NEGLIGENT ACTS OF OMISSIONS. I AM SIGNING THE SAME KNOWINGLY AND VOLUNTARILY.

Print Name (Student/Legal Guardian/Parent)

Signature

Date