

Goshin Karate and Judo Academy Buddy Pass

Please Print legibly on all lines!

Student Name _____ **Buddy Name** _____

Buddy Address, City, State, Zip

Buddy Telephone _____

Buddy Email _____

I, the undersigned (or parent or legal guardian thereof) acknowledge that I am applying for instruction in a martial art involving personal contact. I acknowledge that the instructors carry no insurance against injury to any students. As a condition of being admitted to training by Roger Boggs, or any instructors at Goshin, designated by them, I assume all risk of injury and hold the above named instructors harmless from any and all liability (including attorney's fees and costs) for all claims actions or damages arising from any injuries suffered by me or caused to third parties by me, arising out of activities involving Karate, Kung Fu, Aikido, Judo, or variation thereof, whether occurring on the premises of training or elsewhere, excepting only those claims actions, or damages caused by gross negligence or intentional act or mission of any of them. It is understood that martial arts training is difficult, dangerous, and demanding, and the student has had a proper medical checkup and is fit to undertake rigorous training.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____

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