

SHARP - Basic Course

STUDENT ENROLLMENT FORM

CONDITIONS FOR ENROLLMENT AND PARTICIPATION

Due to the physical nature of the course listed above, SHARP, you are hereby advised of the following: If you are pregnant; suffer from a chronic/acute problem of the neck, back, wrist, knee, heart, or muscular system; or other medical conditions such as stress disorder, hypertension, hip bursitis and so forth, **YOU SHOULD NOT PLAN TO PARTICIPATE IN THE PROGRAM WITHOUT FIRST CONSULTING WITH YOUR PHYSICIAN(S).**

INSTRUCTION DOES INVOLVE PERIODS OF PHYSICAL ACTIVITY/CONTACT AND A RISK OF INJURY, AS WELL AS ENDURING SOME DEGREE OF DISCOMFORT OR PAIN DURING THE APPLICATION OF CERTAIN TECHNIQUES AND PRACTICE SESSIONS.

ALTHOUGH THE INSTRUCTOR(S) will attempt at all times to maintain a high degree of care for the safety of all persons attending the course, it must be understood that neither the instructor, the organization sponsoring the instruction will assume financial or other responsibility for injuries or illnesses suffered from, or relating to any training received, nor can it be responsible for any loss to attendees as a result of damage of their property through fire, theft, or other causes. You, the attendee, must understand that you are participating in this training at your own risk. Therefore, prior to permission being granted for your attendance, you must agree, by signature to the conditions set forth below.

I, (Insert full name) accept all risks that MAY be associated with this training having read and understood the above statements. I agree to indemnify and hold harmless the instructor Robert W. Petras, Samurai-Sensei LLC, and Envision Total Wellness.

I acknowledge that the training involves a degree of physical exercise, and physical contact, and therefore does involve a risk of injury to me. I also acknowledge that I will have to endure some degree of discomfort and/or pain during the application of certain techniques and/or practice sessions. I further acknowledge that I do not have any of the above described or other injuries, illnesses, disabilities, or conditions(i.e., pregnancy) that could be made worse by my participation or otherwise cause me harm during the training. I am in good physical and mental health. I agree to abide by the course safety rules and the instruction given to me by the instructor(s). I agree that my successful completion of the course is based on my passing all applicable tests. I have read and fully understand the terms and conditions of this agreement.

Signature: _____

Printed Name: _____

Date: _____

Parent Signature: _____

Mailing Address:

EMAIL: _____

IN CASE OF EMERGENCY NOTIFY : _____ PHONE: _____