



Welcome to the Power of One Self-Defense Institute
“Creating Champions in Life”
 (562) 997-2987
 www.powerofonekarate.com



PARTICIPANT’S NAME _____ BIRTHDATE ___/___/___ AGE ___ M F

PARENT/GUARDIAN NAME(S) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

EMERGENCY PHONE _____ CELL _____

EMAIL _____ HOW DID YOU HEAR ABOUT US? _____

Have you ever done Kickboxing before? Yes No

If yes, when was the last time? _____ **Where?** _____ **For how long?** _____

What other activities are you currently involved in? _____

Do you have any health conditions or injuries we need to be aware of? Please explain: _____

Why do you want to learn Kickboxing? Please select up to 3 reasons below:

- | | | | | |
|----------------------|------------------------|----------------|-------------------------|--------------------------|
| SELF-DEFENSE | SELF-CONFIDENCE | FITNESS | GOAL SETTING | LEADERSHIP SKILLS |
| REDUCE STRESS | SELF-DISCIPLINE | FUN | RESPECT/COURTESY | |

IF OTHER, PLEASE EXPLAIN: _____

POWER OF ONE SELF-DEFENSE INSTITUTE WAIVER OF INJURY AGREEMENT

I, the undersigned, do hereby voluntarily submit my application for attendance and participation in an introductory Kickboxing lesson. I understand and acknowledge that the activities in which I will engage in, in the course of Kickboxing training such as that contemplated by this agreement, are of a physical nature and can result in injury through no fault of anyone. I, therefore, hereby assume full responsibility and risk for any and all damages, injuries or losses due to any cause whatsoever, that I may incur or sustain if any, while attending or participating, from the time I arrive for the kickboxing lesson until the time I leave the premises. I further waive any and all claims against the promoters, operators or sponsors of the POWER OF ONE SELF-DEFENSE INSTITUTE/POWER OF ONE PRODUCTIONS/POWER OF ONE WORLD LEADERSHIP FOUNDATION, including but not limited to Colin Van Deusen, Tara Van Deusen, and any employees, agents or other persons assisting with the introductory lesson (hereafter collectively referred to as “POWER OF ONE”), individually or otherwise, for any claim for injuries, damages or losses that I sustain, even if said injuries, damages or losses are caused by the negligence, active or passive, of POWER OF ONE.

The undersigned further agrees to indemnify and to hold harmless POWER OF ONE from all claims by or liability to the undersigned including claims or losses arising from the negligence, both active and passive, of POWER OF ONE.

I fully understand that any medical treatment given to me will be of a first aid nature only.

I further agree that any pictures or video taken of or by me in the course of Kickboxing training can be used by POWER OF ONE PRODUCTIONS for publicity, promotion, or sale without compensation at this or any other time.

I have read all of the above and fully understand this agreement.

IF UNDER THE AGE OF 18, THIS RELEASE AND CONSENT WILL BE SIGNED ALSO BY A PARENT OR LEGAL GUARDIAN AND THE PARENTS OR LEGAL GUARDIANS AGREE TO BE BOUND TO THE TERMS AND OBLIGATIONS CONTAINED IN THIS WAIVER.

SIGNATURE OF PARTICIPANT

SIGNATURE OF PARENT/GUARDIAN

DATE

DATE