2003-2004 Stanford Wushu Club Registration Form

General Information:

Name: ___________________________ Phone: ___________________________
Address: ___________________________ Email: ___________________________
(add to mailing list? yes no stanford_wushu@lists.stanford.edu)
(if on campus, just list dorm and room #) stanford_wushu@lists.stanford.edu

Membership:

which classes you are taking?  ___ Wushu  ___ Taiji  ___ Sanshou

___ Stanford student  SUID # ___________________________
___ Non-Stanford student  If student, circle one:  undergrad  grad

Insurance Info (for non students)

Carrier ___________________________
Policy # ___________________________
Exp Date ___________________________

Prices per quarter:
make checks payable to 'Stanford Wushu'
$80 ($150) Wushu only
$50 ($100) Sanshou or Taiji only
$90 ($175) Sanshou and Taiji
$120 ($225) Wushu and one of Sanshou/Taiji
$160 ($300) Wushu and Sanshou and Taij

Emergency Contact Info:

Name: ___________________________
Relation: ___________________________
Phone #: ___________________________

Martial Arts Background:

Please list experience, if any: ________________________________________________
________________________________________________________________________

Medical Info:

Please note any physical injuries or conditions that may impact your ability to do certain
exercises (asthma, chronic back pain, previous injuries, medications, etc) ___________________________
________________________________________________________________________
Waiver and Release of Liability Agreement

I, the undersigned, acknowledge that I have voluntarily chosen to participate in the Stanford University Wushu, Taiqi, or Sanshou Classes sponsored by the Stanford University Wushu Club. I have full knowledge of the risks that this activity presents, including travel to, participation in, and returning from the activity or event.

I understand that by being permitted to participate in martial arts activities, I agree to assume any and all risks of injury or death. I further understand and agree to assume responsibility for all risk of theft, loss, or damage of personal property which occurs at any time arising out of my participation in martial arts activities.

I understand and agree that as a condition of participation in martial arts activities, I further agree to release liability and indemnify Stanford University, the officers, directors, agent, employees, assigns, successors, or lessors from any damage, injury death to myself or to any person or property, in any way connected with my participation in martial arts activities.

I understand and agree that I have carefully read this agreement and fully understand all of its terms and conditions. I understand that this is a release of liability which could legally prevent me from filing suit or making any other claim for damages in the event of my death or injury to me. With this knowledge, I am entering into this agreement freely and voluntarily. I agree that it is binding on my, my assigns, and legal representatives.

I understand and agree that I have read all of this waiver and release, have provided all necessary information, and have signed in the appropriate places.

I also give permission to use, reprint, and reproduce any photograph or video taken of me and any written material supplied by me during martial arts activities.

Participant’s Signature _________________________________  Date _____________

Parent or Guardian’s Signature* _________________________  Date _____________

*Required of individuals under 18 years of age