Stanford Wushu Registration Form, Winter 2001

General Info:
Name: ___________________________ Phone: ___________________________
Address: ___________________________ E-mail: ___________________________

Membership:
______$80* Stanford student SUID # __________________________
______$150* Non-Stanford student If student, circle one: undergrad grad

Insurance Info (for non students)
Carrier __________________________
Policy # __________________________
Exp Date __________________________

* make checks payable to 'Stanford Wushu Club'

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) ___________________________
________________________________________________________________________
________________________________________________________________________
I, the undersigned, acknowledge that I have voluntarily chosen to participate in the Stanford University Wushu Class 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 me, 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