



Last Name: _____ First Name: _____ Middle: _____

Birthdate: _____ Age: _____ Sex: M F Height: _____ Weight: _____

Address: _____

City: _____ State: _____ ZIP: _____ Home Phone: _____

Business Phone: _____ Email: _____

Occupation: _____ How did you hear about this program _____

Previous martial arts experience: Yes No Years: _____ Style: _____

Significant Medical History/Concerns/Limitations: _____

State reasons for learning Kung Fu/Tai Chi _____

“In consideration of my attendance and participation in the Kung Fu classes, I hereby, for myself, my heirs, executors, administrators and assigns (hereinafter referred to as the Student) do hereby remise, release and forever discharge the Chief Instructor, Sifu Mai Du, her assistants, the Wah Lum Kung Fu System, its officials, its agents, principals, successors and assigns and other firms or corporate bodies, participating in or connected with Sifu Mai Du, of and from all manners of actions, causes of actions, claims or demands which against the Corporation. I the Student, ever had, now have, or can, shall or may hereafter have, for or by any reason of participation in the Kung Fu classes, a loss, damage or injury sustained by the Student, or in respect of the loss of any equipment used by the Student during the Kung Fu classes.”

I understand and agree to not show or teach any material including the exercises, forms, techniques, weaponry, herbal application, etc., that is thought to me by Sifu Mai Du without permission and proper certification. I also understand and agree that I cannot solicit or use the name of Wah Lum in any way for whatever reason without permission.

I have read the above and agree to these terms.

Signature: _____ Date: _____

Student

Signature: _____ Date: _____

Parent/Guardian if student is under 18 years old

Parent/Guardian: Print Name