



Soo Bahk Do Registration

Instructor: Jim Bennett

Monthly Dues \$40 Members / \$45 Non-Members

Registration Form and Payment due before Participation

Classes are Monday and Thursday

Children @ 6:30pm

Adults @ 7:30pm Monday, Wednesday and Thursday

Class Participant(please print)	Date of Birth	Age	Male/Female
Street Address	City	State	Zip
Home Phone	Work Phone	Email Address	
Business/Place of Employment	Occupation		

WAIVER OF LIABILITY AND INDEMNITY FORM

I understand that in engaging in any physical exercise or activity or in the use of any part of the Center, I do so at my own risk. This includes, without limitation, my use of locker rooms, pool, whirlpool, sauna, steam room, parking area, sidewalk, exercise or any other equipment in the Center as well as my participation in any activity, class, program or instruction. I agree that I am voluntarily participating in these activities and using these facilities and premises and assume all risk of personal injury, illness, including death, and any damage or loss to me or my property that might result there from, including without limitation, any loss or theft of my property. For and in consideration of the use by me of the Center and its facilities and programs, I agree on behalf of myself and my personal representatives, heirs, executors, administrators, agents, and assigns to forever release, discharge, indemnify and hold harmless the Center and its directors, officers, employees, agents, representatives, successors, and assigns from any and all loss, claims, demands, damages, or causes of action, known and unknown, resulting from or arising out of my use of the Center and its facilities, equipment and programs. This Waiver of Liability and Indemnity includes without limitation injuries which may occur as a result of my use of any exercise equipment or facilities and my slipping and falling while in the Center or on the premises.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THE FOREGOING AND FULLY UNDERSTAND THAT IT IS A WAIVER AND RELEASE OF LIABILITY AND INDEMNITY. I FURTHER UNDERSTAND THAT I AM WAIVING ANY RIGHT THAT I MAY HAVE TO BRING LEGAL ACTION TO ASSERT A CLAIM AGAINST THE CENTER, AND ANY QUESTIONS WERE ANSWERED TO MY FULL SATISFACTION.

THIS IS A CONTINUING WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AND IS BINDING UPON ALL PERSONS WHOSE SIGNATURES APPEAR BELOW AND SHALL APPLY TO ALL SUBSEQUENT USES OF THE CENTER AND ITS FACILITIES AND PROGRAMS UNTIL REVOKED IN WRITING BY THE UNDERSIGNED GUEST(S).

BY SIGNING THIS FORM I UNDERSTAND THERE IS NO REFUND IF, FOR SOME REASON, I AM UNABLE TO PARTICIPATE IN THE PROGRAM. I ALSO UNDERSTAND I ONLY HAVE AUTHORIZATION TO ATTEND THIS CLASS AND NOT ANY OTHER ACTIVITY IN THE BUILDING.

Signature (18 and up) or Guardians Signature

Date