



VOVINAM VIET VO DAO

Hung Dao Martial Arts Academy

1807 Penwood Street, San Jose, CA 95133 - Phone: (408) 258-2654 - Email: hienp_00@yahoo.com

APPLICATION FORM

Participant's name (Last, First): _____
Birth Date (MM/DD/YYYY): _____ Age: _____ Sex: (M/F) _____
Address: _____ Apt. #: _____
City: _____ State: _____ Zip code: _____
Home phone: _____ Work phone: _____
Cell phone: _____ Email: _____
Health Insurance Provider: _____ Policy #: _____
Emergency Contact person: _____ Relationship: _____
Telephone number in case emergency: _____

I solemnly pledge obedience to all the rules of Vovinam Viet Vo Dao and Hung Dao Martial Arts Academy.

Waiver and Liability Release *(Must be signed by participant or if under 18, parent or legal guardian.)*

The undersigned, in consideration of participation in the enrolled class, acknowledges practicing Vovinam-VietVoDao martial art may result in bodily injuries, understands membership is at will and completely voluntary, agrees to indemnify and hold the Hung Dao Martial Art Academy harmless, and release the Hung Dao Martial Arts Academy from any and all liability for any injury which may be suffered by the above named individual registered in the class arising out of or in any way connected with participation in the class. The undersigned agrees to waive any claims against Vovinam-Vietvodao Martial Art Academy, the Roman Catholic Church, the Diocese of San Jose, St. Patrick's Church, arising directly or indirectly from and attributable in any legal way to any action or omission to act of any such person or organization in connection with the sponsorship, organization and services relating to above mentioned person/organization. The undersigned agrees to reimburse Hung Dao Martial Arts Academy for any damage cause to third party by his/her child that Hung Dao Martial Arts Academy is held responsible.

In case of emergency, the undersigned gives the permission to any hospital or to any physician selected by Vovinam-VietVoDao staffs to render medical treatment deemed necessary and appropriate. Any resulting hospital, medical or related costs and expenses will be paid by the medical insurance or benefit plan of the undersigned.

I understand that the Hung Dao Martial Arts Academy may photograph or videotape events or activities in which I am (or my child is) participating. I give my permission for the Hung Dao Martial Arts Academy to use photographs or videotape of me (or my child) for the purpose of promoting Vovinam-Vietvodao or for educational purposes. I give my permission with the following understanding: No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child's) likeness.

I HAVE READ THE ABOVE AGREEMENT AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR INJURY RECEIVED.

Signature: _____ Date: _____

(If participant is under 18 years of age, a parent or legal guardian MUST sign)

Parent/guardian's Names: _____ Relationship: _____

Parent/guardian's Signature: _____ Date: _____