



Bujinkan Kosciusko Dojo

Training Application Page 1

-Name (first and last): _____ Date of Birth: _____

-Occupation: _____

-Address: _____

-City: _____ State: _____ Zip Code: _____

-Email Address: _____

-Phone Number: _____ Cell Phone: _____

-Why do you want to study Budo Taijutsu:

-How did you hear about the Bujinkan Kosciusko Dojo:

-Have you ever been arrested or under investigation for a crime? if so please describe in detail:

-Do you have any physical or mental impairments or limitations? if so please describe in detail:

-Do you have any prior martial arts experience? if so please describe:

Children Classes Only:

PARENTS: Please indicate which day(s) you would like your child to attend regularly.



Training Application Page 2

Please read and initial the following:

Student/Bujinkan Kosciusko Dojo representations and release of liability:

The member applying warrants and represent that he/she/minor or student is in good physical condition and has not been advised by any Physician or Medical Facility that participation in the applied for course of training will in any way be adverse to the well being of the student. Furthermore, member represents that the student is able and allowed to participate in exercise and various martial arts curriculum which is provided by the Bujinkan Kosciusko Dojo. Student/parent/guardian understands that by participating in the martial arts program or by use of the facilities or equipment covered by this contract does present the possibility of accidental injury. Student/parent/guardian assumes all risk associated with such participation within this program and holds the Bujinkan Kosciusko Dojo harmless for any such injury or occurrence. In addition, student/parent/guardian agrees to indemnify the Bujinkan Kosciusko Dojo from any and all liability which may arise against the Bujinkan Kosciusko Dojo by such member or though any other third party as a result of training received by the Bujinkan Kosciusko Dojo or by use of the Bujinkan Kosciusko Dojo's facilities or equipment. Student/parent/guardian understands that during the course of instruction, employees or higher degree student instructors of the Bujinkan Kosciusko Dojo will be engaged in a course of conduct requiring physical contact, and he/she (or parent or guardian) gives full consent to such contact as is required by the training. It is understood that due to the nature of the training which is being provided by the Bujinkan Kosciusko Dojo that accidents do from time to time occur. While all precautions will be taken to assure the safety of all students, it is impossible to guarantee that such accidents will not occur. In the event that you are involved in an accident which subjects you to any injury, you agree to hold the Bujinkan Kosciusko Dojo, James McDairmant, or any Bujinkan Kosciusko Dojo representatives, harmless; you further agree that neither you, a parent, a guardian or any other financially responsible person will take action against the Bujinkan Kosciusko Dojo, James McDairmant, or any Bujinkan Kosciusko Dojo representatives, as a result of such injuries.

Initials _____

Age or Parental Consent Certification:

By signing this contract, you are certifying that you are either of legal age or that you are signing this contract as the parent or legal guardian of a minor, and by signing this contract on behalf of any minor, you hereby agree that you shall be responsible for all payments due hereunder and that you will indemnify and hold the the Bujinkan Kosciusko Dojo, James McDairmant, or any Bujinkan Kosciusko Dojo representatives harmless for any injuries, losses, or damages sustained to anyone as a result of the minor's participation in this program of instruction.

Initials _____

Governing Law:

This agreement shall be construed in accordance with the laws of the State of Indiana without regard to its conflict of laws principals. This Agreement shall constitute the entire understanding with respect to the subject matter hereof and may be modified only in writing signed by both STUDENT and the Bujinkan Kosciusko Dojo. If any provision of this Agreement is determined to be invalid, illegal or unenforceable, the validity, legality and enforceability of the remaining provisions shall not in any way be affected or impaired thereby.

Initials _____

Bad Check Charges:

It is agreed that in the event that the Bujinkan Kosciusko Dojo receives any check returned as NSF or is returned by bank for any other reason, that student/parent/guardian will be responsible for a charge of \$20 made payable to the Bujinkan Kosciusko Dojo.

Initials _____



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The student signing this form understands that by submitting this form he/she is certifying that all the above information is true and accurate. The student signing this understands this information will be used to determine his/her eligibility to be accepted as a student of the Bujinkan Kosciusko Dojo.

The student signing this grants the Bujinkan Kosciusko Dojo or it's agents permission to use any means necessary to validate his/her eligibility for training; including, but not limited to, personal credit checks, personal background checks, personal criminal history investigation, or any other method the Dojo or it's agents deems appropriate.

The student signing this waives any cause of action or claim against the Bujinkan Kosciusko Dojo, James McDairmant, or any Bujinkan Kosciusko Dojo representatives; their officers, directors, instructors, and employees for any injuries received resulting from instructional services rendered.

The student signing this acknowledges that they should have received permission from a medical doctor following a general physical examination approving the student's participation in these instructional services.

Student's Signature (Over 18): _____ Date: ___/___/___

Print Name: _____

PARENTS/GUARDIAN: Authorization if Student is a Minor

Parent's Signature: _____ Relationship: _____ Date: ___/___/___

Print Name: _____