



US Wing Chun Kung Fu Academy, LLC.

Membership Application Liability Waiver Agreement

1319 20th Avenue, San Francisco, CA 94122

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W: www.uswingchun.com

Last Name _____ First Name _____ Date of Birth ____/____/____

Address _____ City _____ Zip Code _____

Email* _____ Telephone (____) _____

Previous Martial Arts Experience _____

List any physical injury _____

If member is under 18 years of age:

Parent / Guardian Name Best Telephone Email Address

Emergency Contact

Name Relationship Telephone

I wish to become a member of the US Wing Chun Kung Fu Academy, LLC. and hereby make application for said membership. As consideration for my membership, I agree and pledge to zealously practice and exercise the art and philosophy of Wing Chun and abide by the rules and regulations of the class and program. Further, I agree to abide by all decisions of the head instructor in matters pertaining to my training.

In consideration of your acceptance of my membership into the US Wing Chun Kung Fu Academy and for my participation in all classes, I do hereby, for myself, my heirs, executors and administrators waive, release and forever discharge any and all rights and claims for damages which I may have or may accrue to me against US Wing Chun Kung Fu Academy, LLC., it's instructors or any other participating members.

I understand Wing Chun are body contact activities which involve kicking, punching, grabbing, throwing, dodging, jumping and many other physical motions. I do hereby assume full responsibility for any risk of bodily injury, death or property damage whatsoever, while participating in any/all lessons during my membership at the US Wing Chun Kung Fu Academy LLC.

I understand that I will not teach, instruct, demonstrate or represent any portion of Chris Chan's Wing Chun system without written consent. I will not represent the US Wing Chun or Chris Chan without written consent from an authorized representative of the US Wing Chun Kung Fu Academy.

By signing below, I agree to all terms and conditions of this liability waiver.

Member Signature Print Name Date

Parent / Guardian Signatures (If member is under 18 years of age) Print Name Date