

WELCOME TO STUDIO NAGA!
So that your training is the best it can be...



Waiver, Release, and Declaration of Physical Fitness

I freely and voluntarily assume risks involved in the training. Therefore, in case of an accident during my training, I release all potential claims for damage such as negligence that I may have against the School, its owners, its employees, students, or instructors. I will pay all medical and emergency expenses resulting from such an accident, illness or other incapacity, even if I have not authorized such expenses.

Also, I give my consent to the School, its owners, employees, students or instructors to give minor emergency first aid and/or advice to me/my child. I release any claim including negligence that I may have towards them for giving me/my child such treatment. In addition, I declare that I/my child are physically fit and able to participate in training. _____ (initial)

Print Name: _____

Age: _____ Parent or Guadian: _____

Address: _____ City/Zip: _____

Phone Number(s): _____

Email Address: _____

What do you want to gain from training?

- | | |
|--|--|
| <input type="checkbox"/> Self Defense | <input type="checkbox"/> More Energy |
| <input type="checkbox"/> Physical Fitness | <input type="checkbox"/> Fun |
| <input type="checkbox"/> Better Health | <input type="checkbox"/> Balance |
| <input type="checkbox"/> Compassion | <input type="checkbox"/> Weight Control |
| <input type="checkbox"/> Focused Attention | <input type="checkbox"/> Self-confidence |

How did you hear about Studio Naga? _____

Emergency Contact Name: _____ Phone : _____

Signature and date: _____

Studio Naga
A Tulen Center for Martial Arts & Wellness