

Peninsula Kung Fu Health & Fitness

1/2A Carbine Way Mornington 3931

Phone: 03 5975 3252

ABN: 62 971 709 189

Email: info@peninsulakungfu.com.au

ENROLMENT FORM

Enrolment Date: _____ Student ID: _____

Class Enrolment: Adults Kung Fu Kids Kung Fu Kinder Kung Fu

Personal Information

Participant Name: _____ Date of Birth: _____ M F

Parent/s Name/s: _____ Legal Guardian/s: _____

Address: _____ Suburb: _____ Postcode: _____

Phone (H): _____ Phone (W): _____ Mobile: _____

Email: _____

Peninsula Kung Fu Health & Fitness have my/our approval to email news & information: Y N

Social Media: Facebook Twitter Google+ Other: _____

Occupation: _____ Company: _____ Website: _____

Are you or have you been a member of any other martial arts school: Y N

Style: _____ Instructor: _____ Years Training: _____

Why do you wish to learn Wing Chun Kung Fu? _____

What are your main reasons for joining Peninsula Kung Fu Health & Fitness (See Below)

- | | | |
|---|--|--|
| <input type="checkbox"/> Wing Chun Kung Fu | <input type="checkbox"/> Self Defence | <input type="checkbox"/> Improve Fitness |
| <input type="checkbox"/> Build Confidence/Self Esteem | <input type="checkbox"/> Quality Instructors | <input type="checkbox"/> Family Academy |
| <input type="checkbox"/> Improve Balance/Energy/Focus | <input type="checkbox"/> Friendly Atmosphere | <input type="checkbox"/> Discipline/Motivation |

Other: _____

Where did you hear about Peninsula Kung Fu Health & Fitness (See Below)

- | | | | | |
|-----------------------------------|-----------------------------------|------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Referral | <input type="checkbox"/> Website | <input type="checkbox"/> Google | <input type="checkbox"/> Social Media | <input type="checkbox"/> Yellow Pages |
| <input type="checkbox"/> Student | <input type="checkbox"/> Magazine | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Truelocal | <input type="checkbox"/> _____ |

Medical Information

Have you had any surgery or illness that would affect your training: Y N

If yes, please specify: _____

If yes, do you have clearance from your Doctor to participate in classes: Y N

Peninsula Kung Fu Health & Fitness

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

(MUST READ CAREFULLY BEFORE SIGNING)

1) In consideration of being permitted to enter the premises and/or participate in any way in the Martial Arts Program, hereinafter called the "Activity," I, and/or the parent(s) and/or legal guardian(s) of the minor participant named below, my heirs, personal representatives or assigns, do hereby release, waive, discharge and covenant not to sue Glenn Shand, Peninsula Kung Fu Health & Fitness, its officers, employees and agents and release them from liability relating to any claim(s) (and Legal/Court and out of pocket costs) arising from any claim of personal injury, accidents, illness (including death) and property loss arising from, but not limited to, participation in the Activity, whether caused by negligence of the releasee or otherwise.

2) I (or where applicable, the parent(s) and/or legal guardian(s) shall instruct the minor participant) have understood (and have explained to the minor(s)) that there are risks and hazards connected with the Activity, including but not limited to bruising, falls, broken bones, connective tissue damage and heart attacks, and I (or the minor(s)) hereby elect to voluntarily participate in the Activity with full knowledge that the said Activity may be hazardous to me (and/or the minor(s)) and/or property.

3) It is my intention that this RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT shall be construed in accordance with the laws of Victoria, Australia. In the event that any part of this Agreement is found to be invalid, it is agreed that the balance shall continue to have full legal force and effect.

4) IN SIGNING THIS RELEASE, IT IS ACKNOWLEDGED AND REPRESENTED that I have read (and where applicable have explained to the minor(s)) and understand this Agreement, and have signed it voluntarily and of my own free will and agree to be bound by it and its effect.

ON BEHALF OF THE PARTICIPANT AND INDIVIDUALLY, the undersigned and/or parent(s) and/or legal guardian(s) for the minor(s) have read (or in the instance of a minor(s) have explained) this Agreement and fully understand its terms. Furthermore, I recognise that I have given up substantial rights by signing it freely and voluntarily and without any influence, assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability by myself (and for my minor(s) of the releasees to the greatest extent allowed by law.

DATED: _____

SIGNED: Glenn Shand / – T/A Peninsula Kung Fu Health & Fitness

SIGNED: PARTICIPANT / PARENT / LEGAL GUARDIAN

PRINT NAME: _____

Multi Media Permission

I _____ the Participant/Parent/Legal Guardian stated above agree to and provide permission for photographic, video, audio or any other form of electronic recording of the named Participant to be used by Peninsula Kung Fu Health & Fitness for the purposes of marketing the academy. I acknowledge and agree that ownership of any photographic, video, audio and any other form of electronic recording will be retained by Peninsula Kung Fu Health & Fitness. I authorise the use or reproduction of any recording referred to above for any reasonable purpose within the discretion of Peninsula Kung Fu Health & Fitness without acknowledgement and without being entitled to remuneration or compensation. I understand and agree that if I wish to withdraw Multi Media Permission, it will be my responsibility to inform Peninsula Kung Fu Health & Fitness in writing by letter or email.

SIGNED: _____ **DATED:** _____