

# Seminar Form

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Student's Full Name

M / F

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DOB:MM/DD/YYYY

Age

Sex

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Parent/Guardian Name

Phone Number

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Emergency Contact

Phone Number

---

Home Number

Email Address

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Complete Address

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City

State

Zip

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**Other / Limitations** (Asthma, ADHD, Pregnancy, Allergies, All Past Injury / Health Concerns, and Any Other Physical Limitations) We should be aware of.

**RELEASE:** By signing this form, I waive any and all claims for myself and or my child against MYLOREAL'S MARTIAL ARTS ACADEMY L.L.C., MIKIO SURAI MARTIAL ARTS, Myloreal Anderson, the facility at which this program is held and MYLOREAL'S MARTIAL ARTS ACADEMY L.L.C. staff members for loss or damage to personal items or injury that may result directly or indirectly from participation in this activity. MYLOREAL'S MARTIAL ARTS ACADEMY L.L.C. has my permission to photograph/video myself and or my child for promotional and educational purposes.

X

Date: / /

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MUST HAVE WAIVER SIGNED TO PARTICIPATE