



SoCal CSC (Combat Shuai-Chiao)

SoCal19.CSC@gmail.com
<https://csc-doj.com/SoCal/>

Participation Agreement

Agreement

I, the participant or the parent on behalf of the participant, understand that under the terms of this agreement, the school obligates itself to furnish me competent instruction and suitable facilities for teaching lessons. All class lessons are supervised by qualified personnel trained in the procedures and traditions of the Martial Arts. The participant hereby represents that he or she is physically fit to receive and participate in the prescribed course of instruction. The participant agrees to faithfully comply with all the rules and regulations of the school and the traditions of the Martial Arts. I agree to abide by the membership rules and conditions – that is to respect the facility, equipment and the rights of other people using both.

Payment

I, the participant, agree to receive and participate in, and the school agrees to teach, a course of Martial Arts instruction. I understand that my tuition is due prior or on the first class. In most cases, the first class is the first class in the calendar month. Payment will be made via cash, Venmo, or PayPal providing Full Name and Email of the enrolling participant.

Injury Waiver

The participant, the parent, or legal guardian on behalf of the participant, acknowledges and is fully cognizant of all the inherent dangers in connection with the execution of Martial Arts and acknowledges that the execution of Martial Arts requires physical exertion and contact, and realizes that there is a risk of physical injury which may be incurred while engaged in this activity. The participant, parent or legal guardian on behalf of the participant, hereby waives any and all and all claims for any physical injury in connection with the training at the school and expressly assumes the risk of all dangers and injury inherent to the Martial Arts.

Duration of Agreement: 3/25/2023 ~ 10/28/2023

I, the participant, acknowledge receiving a copy of this agreement and understand my rights as stated above and policy as state above.

_____/_____/_____
Participant / Guardian Signature Date

Participant Information

Last Name: _____ First Name _____

Parent/Guardian's Last Name: _____ First Name _____

Email Address: _____

Phone #: _____ Address (Optional): _____