

"I WILL FIGHT BACK"

SELF-DEFENSE REGISTRATION FORM

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Emergency Phone _____

Age _____ Date Of Birth _____ Place of Birth _____

Physical Condition: Poor ___ Fair ___ Good ___ Excellent ___

Cost: \$200.00 per person Group Rate: 5-9 people \$150.00 per person 10-Up \$100.00 per person

If paying group rate please indicate group name _____

Payment: Cash ___ Check ___ Discover ___ Visa ___ MasterCard ___ Amex ___ Debit Card ___

Card # _____ Exp Date _____

Signature _____

NOTE: THERE ARE ABSOLUTELY NO REFUNDS UNDER ANY CIRCUMSTANCES

LIABILITY RELEASE

IN CONSIDERATION OF YOUR ACCEPTANCE OF MY APPLICATION, I DO HEREBY FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, WAIVER, RELEASE AND FOREVER DISCHARGE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES WHICH I MAY HAVE OR WHICH MAY OCCUR TO ME AGAINST MR. MACK NEWTON AND THE NEWTON TAEKWON-DO CENTER OR THEIR REPRESENTATIVES, OFFICERS, AGENTS, FOR ANY AND ALL DAMAGES WHICH MAY BE SUSTAINED AND SUFFERED BY ME IN CONNECTION WITH MY TRAINING AND ASSOCIATION WITH MR. MACK NEWTON AND THE NEWTON TAEKWON-DO CENTER, OR WHICH MAY OCCUR OUT OF MY TRAVELING TO OR RETURNING FROM THE NEWTON TAEKWON-DO CENTER.

SIGNATURE OF STUDENT _____ DATE _____

Please complete the above form and mail to:

Newton Fitness
3243-A E. Indian School Road
Phoenix, AZ 85018