



White Crane / Traditions Martial Arts



Good at the Nampa Recreation Center.

131 Constitution Way
Nampa, ID 83686
208-468-5858

Good for one free lesson in any of our regular classes

- Youth Tang Soo Do--Monday and Wednesday 6-7 pm
- Adult Tang Soo Do---Monday and Wednesday 7-8 pm
- Beginning Tai Chi-----Tuesday 6:30-7:30

name

date used

class attended

(Present at front desk for admittance to Nampa Recreation Center and in Studio #4 for lesson.)
(One certificate per person per calendar year)

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware in registering yourself, your spouse, or your minor child/ward for participation in the above program/programs, you will be waiving and releasing all claims for injuries you, your spouse, or your minor child/ward might sustain arising out of the above program/programs attended and/or registered for now and in the future.

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any injures, damages or loss regardless of severity which I, my spouse, or my minor child/ward may sustain as a result of participating in any and all activities now in the future connected with or associated with such program(s). I agree to waive and relinquish all claims I, my spouse, or my minor child/ward may have as a result of participation in the program against the City of Nampa and all other cooperating agencies, employees, officials and/or managers thereof from any and all claims from injuries, damage or loss which I or any minor child/ward may have or which may accrue to me, my spouse, or minor child/ward and arising out of, connected with, or in any way associated with the activities of the program(s).

I further agree to indemnify and hold harmless and defend the City of Nampa and all other cooperating agencies, employees, contracted workers, officials and/or managers thereof from any and all claims resulting from injuries, damages and losses sustained by me, my spouse, or my minor child/ward arising out of, connected with, or in association with activities of the above program(s). In the event of any emergency, I authorize the program officials to secure from any licensed hospital, physician and /or medical personnel any treatment deemed necessary for me, my spouse, or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I recognize that I, my spouse, or my minor child/ward may be photographed while participating in a program. I agree that the City of Nampa may use these photographs, free of charge and without notice to myself, for promotional materials in a brochure, magazine, news paper or any other type of display the City sees fit.

I have read and fully understand the Program Details, Waiver and Release of All claims and Permission to Secure Treatment. Before registration in this program is valid, this Waiver and Release of All Claims must be signed by the participant. Where the participant is under 18 years of age, this Waiver and Release of All Claims must be read and signed by the participant's parent or legal guardian.

Signature of Participant or
Parent/Guardian _____

Print Name Here _____ Date _____