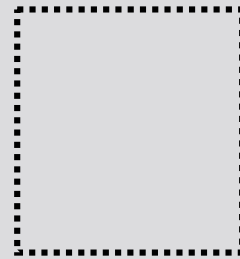


Move to the Beat of Brazil's Martial Art

CAPOEIRA



(Please complete and return this form in person or mail to the above address with full payment in cash, check, paypal, or credit card. We will confirm your enrollment via email once we receive your registration and payment.)

REGISTRATION

New Student Returning Student (contact info on file)

Student's Name _____

Student's Date of Birth _____

Parent's Name _____

Address _____

City State Zip _____

Phone (1) (2) _____

Email _____

Male Female

Class Day (check box)

M T W Th F Sat

Class Time _____

Price _____

Family Discount (if applicable/minus 10%) _____

Uniform Needed Yes (add \$60) No

Total Amount Enclosed _____

How did you hear about us? _____

PAYMENT METHOD: Credit Card Check Cash PayPal

(Capoeira Sul da Bahia accepts credit cards too! Please bring to class to swipe in person.)

WAIVER: Acknowledgement of Program Participant Responsibility, Express Assumption of Risk, and Release of Liability

I hereby agree to the following:

1. That I am in good health and suffer no physical impairment which would limit my participation in the Capoeira CSDB Philadelphia classes. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in activities with Capoeira CSDB Philadelphia.
2. That I am aware that participation in any activity or physical activity may result in accident or injury, and I assume the risk connected with the participation in an activity or exercise. The physical activity I am participating in with Capoeira CSDB Philadelphia requires physical exertion that may be strenuous, may include physical contact, and may cause physical injury, and I am fully aware of the risks and hazards involved.
3. In order to be permitted to participate in classes, programs or workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in activities with Capoeira CSDB Philadelphia

4. That Capoeira CSDB Philadelphia, its officers, employees, agents, directors, volunteers, independent contractors shall not be liable for any claim, demand or cause of action of any kind whatsoever for, or on the account of, death, personal injury, property damage or loss of any kind resulting from or related to my use of the facility or participation in any sport, exercise or activity within or without the center's premises, and I agree to hold Capoeira CSDB Philadelphia harmless from the same, except as limited by law.
5. That I knowingly, voluntarily and expressly waive any claim I may have against Capoeira CSDB Philadelphia for injury or damages that I may sustain as a result of participation in their programs or those conducted by independent contractors on the premises, except as limited by law.
6. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Capoeira CSDB Philadelphia for any injury or death caused by my participation in any activities at or with Capoeira CSDB Philadelphia, except as limited by law.

As legal guardian of _____, _____, I consent to the above terms and conditions.
(Please print minor's name) (Minor's age)

Name of legal guardian _____ Signature _____ Date _____

Photos may occasionally be taken of class participants. Please check here if Capoeira CSDB Philadelphia can freely use such photos for promotional purposes without compensation to you.