

**Kempo Academy of Westport, LLC
374B Post Road East Westport, CT 06880
(203) 557-0257**

**Kempo Evolution
After School Program
Waiver Agreement
9 Sessions**

Student

Name: _____

Address: _____

Phone: _____

E-mail: _____

- 1) Physical Limitations or Conditions: You, the participant, or your legal guardian, agree to provide **written** evidence to the Kempo Academy staff of any medical conditions, limitations or problems which may affect your physical and/or mental well-being while using the facilities. You will provide this evidence prior to the beginning of membership and at other points during the membership, should it become necessary. In absence of such evidence, it is considered by Kempo Academy of Westport, LLC that you represent yourself to be in good health, and able to participate in any and all chosen activities which this facility may provide.
- 2) I, the undersigned release Douglas DeBarger, Kempo Academy of Westport LLC, and all persons associated from any liability due to injuries, etc., that I may incur as a result of my attendance and/or participation in classes. Furthermore, I hereby waive any compensation whatsoever for the use of pictures, movies, media coverage etc. utilized by those associated with this studio, at any time.

Print Name: _____ Signature: _____ Date: ____ / ____ / ____

Please Attach Check for \$180 made out to: Kempo Academy