



New participant RELEASE FORM

Date: _____

Contact INFO (Please print clearly):

Name: _____

If under 18 years old

Parent or Guardian name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Type: home work cell pager

Email: _____ Participant's birth date: _____

Occupation/Hobbies: _____

What class are you taking? Capoeira Samba Percussion

If capoeira, have you ever done it before? _____ If so, for how long? _____

With whom? _____

How did you find out about us?

Flyer Friend Event Walked by Internet Other: _____

Do you have any medical condition we should be aware of? _____

Note: After 1 month of participation, capoeira students are asked to register with ABADÁ Capoeira and pay a registration fee, which includes the cost of their uniform.

I do hereby release (for myself, my executors and administrators) and WAIVE any and all rights to claim for damages arising from illness, accident or occurrence caused by or as a result of my participation (or my child's participation) or connection with ABADÁ Capoeira/Arte Capoeira Center, its instructors, agents, representatives and/or facilities.

ABADÁ Capoeira/Arte Capoeira Center, its instructors, agents, representatives and facilities shall not be held responsible by me for the loss or theft of me or my child's personal items.

I declare that I have read and understood the forgoing statement and that I have either consulted a physician or voluntarily chosen not to consult one before starting or during the course of this program.

I have been warned that I must be (or my child must be) in good health to participate in this program and I now declare that I am (or my child is) in good health.

(For children under 18 years old): _____ has my permission to participate in any activities at the Arte Capoeira Center. She/he has been advised regarding the Center's rules and regulations, and were agree to comply with these policies.

Participant's signature: _____

Parent/Guardian signature (all children under 18): _____