



## 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? \_\_\_\_\_

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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.

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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):** \_\_\_\_\_