

GENBUKAN UNRYU DOJO USA

TRADITIONAL JAPANESE MARTIAL ARTS

- UNARMED | SWORD | STAFF -

VISITOR AGREEMENT

I have chosen to participate in this/these Sample Class(es). As a prerequisite of my participation, and for the safety of myself and other participants, I agree:

1. To follow any instructions issued to me by the instructor;
2. Not to take any photos, notes, or otherwise record what occurs during this class, without the express permission of the teacher; and,
3. Not to use any Genbukan kata on anyone outside of this class, except in the case of an actual emergency.

Name: _____ Date: _____

Signature: _____

Contact Info

Address: _____

Email: _____ Phone: _____

Parent/Guardian Consent (for minors)

I am legally responsible for the minor whose name appears above and consent to have him/her participate in this Sample Class.

Name: _____ Date: _____

Signature: _____

Emergency Phone: _____