



Student Registration and Liability Form

The Walker Martial Arts Academy program is a physical activity. We recommend if you are not in appropriate physical shape to engage in this activity that you refer to your personal physician prior to engaging in this activity.

I (student and, if student is under 18, Legal Guardian/Parent) assume all risk in my participation in this activity. I hereby agree to hold harmless Walker Martial Arts Academy and Walker Bible Baptist Church and its members, officers, instructors, and their officials from all damages, cost, injuries and expenses however occurred during or as a result of membership or participation in Walker Martial Arts Academy activities. I further hereby agree to harmless Walker Bible Baptist Church, its members, and officers from all damages, cost, injuries and expense however occurred during participation in activities on Walker Bible Baptist Church property.

Walker Bible Baptist Church and Walker Martial Arts Academy will not publish any student information, including video, or pictures in any way without permission from student and/or Legal Guardian/Parent.

Date: _____

Student's Name: _____ Date of Birth: _____

Complete Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email: _____

Emergency Contact Name/Relationship/Phone Number:

Legal Guardian/Parents Name (if under 18)/Phone Number:

Signature of Student / Legal Guardian/Parent:

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