

*Synergetic Dimensions Inc.*  
*dba*  
**Smithtown Karate Academy**  
**@**  
**Smithtown United Methodist Church**  
**Smithtown, NY 11787**  
**(631) 265-9062**

**RELEASE FORM**

The undersigned states that he/she is in good health or has medical approval to engage in the defense training of Judo, Karate, Jujitsu, Weapons and Cardio Kickboxing, and acknowledges that the undersigned agrees that the corporation, its agents and employees, shall not be responsible for death or injuries of any kind whether or not the same shall be found to be caused by or attributable to their negligence or the negligence of others. The undersigned shall indemnify and save harmless the corporation, its agents, students, and employees as well as Smithtown United Methodist Church against any and all damage, and/or expense which it may incur as the result of any claim or lawsuit which may at any time be made or instituted on behalf of the undersigned, including, without being limited to, any claim or lawsuit based upon the negligence of the corporation, its agents, employees, SUMC or others, under their supervision or control. The undersigned acknowledges that it has been explained to him/her and he/she understands that Judo, Karate, Jujitsu, Weapons, Cardio Kickboxing, and other related skills taught by the corporation, and participated in by its students, involve a risk of death or bodily injury. He/She freely assumes such risk and understands that he/she cannot hold the above named corporation, its agents and employees or others under their supervision or control liable for any death or injury that he/she may sustain, while learning or practicing Judo, Karate, Jujitsu, Weapons, Cardio Kickboxing, and all other skills taught by the corporation, or when using any of their facilities or equipment, whether with or without a supervisor, by himself/herself, or with one or more fellow students.

The undersigned further releases and photos or videos taken during his/her training and make no claim for compensation in regard to their use.

**PRINT NAME:** \_\_\_\_\_

**STUDENTS SIGNATURE:** \_\_\_\_\_

**LEGAL GUARDIAN IF UNDER 18:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE:** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_

**BUSINESS PHONE:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**TODAY'S DATE:** \_\_\_\_\_