



Capoeira Vida • 917.722.6703 • www.capoeiravida.com

## Registration

(Please complete and return this form with full payment in cash/check/credit card in person or mail to the above address. An email confirmation will be sent.)

Student's Name \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Pricing (check one)	General
ABSOLUTE BEGINNERS SERIES (5 classes + full uniform)	<input type="checkbox"/> \$210
DROP-IN (adult classes)	<input type="checkbox"/> \$30
MONTHLY UNLIMITED	<input type="checkbox"/> \$175

## Payment Method:

Check  Cash  Venmo (@Andre-Costa-7)

How did you hear about us? \_\_\_\_\_

Opt-in to Whats-App group for up to date info  Yes  No

## Waiver - Acknowledgement of Program Participant Responsibility, Express Assumption of Risk, and Release of Liability

I hereby agree to the following:

1. That I am in good health and suffer no physical impairment which would limit my participation in the Capoeira Brooklyn classes. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in activities with Capoeira Brooklyn.
2. That I am aware that participation in any activity or physical activity may result in accident or injury, and I assume the risk connected with the participation in an activity or exercise. The physical activity I am participating in with Capoeira Brooklyn requires physical exertion that may be strenuous, may include physical contact, and may cause physical injury, and I am fully aware of the risks and hazards involved.
3. In order to be permitted to participate in classes, programs or workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in activities with Capoeira Brooklyn.
4. That if I am a woman and I am or become pregnant, I will let Capoeira Brooklyn know immediately.
5. That Capoeira Brooklyn, its officers, employees, agents, directors, volunteers, independent contractors shall not be liable for any claim, demand or cause of action of any kind whatsoever for, or on the account of, death, personal injury, property damage or loss of any kind resulting from or related to my use of the facility or participation in any sport, exercise or activity within or without the center's premises, and I agree to hold Capoeira Brooklyn harmless from the same, except as limited by law.
6. That I knowingly, voluntarily and expressly waive any claim I may have against Capoeira Brooklyn for injury or damages that I may sustain as a result of participation in their programs or those conducted by independent contractors on the premises, except as limited by law.
7. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Capoeira Brooklyn for any injury or death caused by my participation in any activities at or with Capoeira Brooklyn, except as limited by law.

Name of Participant \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

(Please print name)

Photos may occasionally be taken of class participants. Please check here if Capoeira Brooklyn can freely use such photos for promotional purposes without compensation to you.

Note: Please remove all jewelry, watches, piercings & glasses, and tie back long hair for all classes and workshops.