

**The Dojo Inc.**  
**Black Belt School**  
7908 Mason Montgomery Road  
Mason, Ohio 45040  
(513) 770-0834

**Information and Liability Form**

**Student's Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, Zip** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Birthday(s):** \_\_\_\_\_

**If under 18:**

**Mother's Name:** \_\_\_\_\_ **Father's Name:** \_\_\_\_\_

**Program Interest** (Check all that apply)

Japanese Martial Arts \_\_\_ Weapons \_\_\_ Meditation \_\_\_

**How did you hear of us?** (Check all that apply)

\_ Friend \_\_\_\_\_ (Please list friend's name so they can get referral credit)

\_ Website \_\_\_\_\_ (Please list site or search terms)

\_ Phone Book: \_\_\_\_\_ (Please list specific book)

\_ Other: \_\_\_\_\_ (i.e. Location, Event)

**Desired Benefits** (Check all that apply)

<input type="checkbox"/> Realistic self defense	<input type="checkbox"/> Confidence	<input type="checkbox"/> Self-discipline	<input type="checkbox"/> Focus
<input type="checkbox"/> Flexibility	<input type="checkbox"/> Respect	<input type="checkbox"/> Concentration	<input type="checkbox"/> Calm
<input type="checkbox"/> Relaxation/meditation	<input type="checkbox"/> Balance	<input type="checkbox"/> Meeting others	<input type="checkbox"/> Insight
<input type="checkbox"/> Heightened awareness	<input type="checkbox"/> Family connections	<input type="checkbox"/> Martial arts philosophy	<input type="checkbox"/> Control in life
<input type="checkbox"/> Weight management	<input type="checkbox"/> Improved energy	<input type="checkbox"/> Fun	<input type="checkbox"/> Sense of mastery

**Medical concerns or special needs:**

\_\_\_\_\_

**RELEASE**

Applicant hereby releases and discharges Center, its principals, officers, employees and agents from any responsibility or liability of any kind to Applicant for any injury, damage, or loss of any kind that may occur directly or indirectly as a result of Applicant's participation in the course. If the student is under 18, I give permission for my minor child(ren) to participate in this program.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please print and turn in this form before training at The Dojo. Call us with any questions (513) 770-0834