

Capoeira Malandragem Art and Culture Registration Form

Please print this form, fill it out and give it to the instructor.

Name _____ Today's Date _____

Address _____
Street City State Zip

Email _____ Phone _____

Your email address will be added to the listserve where pertinent information is often shared.

Please describe any past capoeira or related experience, if any: _____

How did you hear about Capoeira Malandragem? _____

What do you expect to gain through a regular capoeira practice? _____

Health Information

DOB _____ Please describe any health- related conditions that you have (or have had in the past that could affect your capoeira practice- including but not limited to: bone, muscle, ligament, tendon injury, heart, lung, blood pressure, back or neck pain or injury, epileptic, diabetic or thyroid conditions, pregnancy and any medications that you are currently taking (including their side effects).

Emergency Contact: _____ Phone _____

Agreement of Release and Waiver of Liability

I, _____, hereby agree to the following:

1. That I am participating in this capoeira class during which I will receive information and instruction about capoeira. I recognize that capoeira requires physical exertion, which may be strenuous and may cause physical injury and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in this capoeira class. I represent and warrant that I am physically fit and have no medical condition that would prevent my full participation in the capoeira class.
3. In consideration of being permitted to participate in capoeira class, 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 the program.
4. In further consideration of being permitted to participate in the capoeira classes, I knowingly, voluntarily and expressly waive any claim I may have against the instructor, participant or the owner or leaseholder of the building for injuries or damages that I may sustain as a result of participating in classes at Capoeira Dos Malandros.
5. I, my heirs, or legal representative or such forever release, waive, discharge and covenant not to sue Capoeira Dos Malandros, any capoeira instructors or participants, the leaseholder or owner of the building for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to terms and conditions stated above.

Date _____ Signature of Participant _____

If participant is under 18: As legal guardian of this participant, I consent to the above terms and conditions.

Signature of parent or guardian: _____