

**COSZACKS
ELITE DEFENSE SYSTEM**

**Karate/ Tae Kwon Do / Judo / Martial Arts Weapons / Tournament
Competition
Tri Valley Fitness Center
740-819-4852**



**MASTER BRAD M. SEWARD
5th DEGREE BLACK BELT**

****Please Make Checks Payable to: Brad Seward

STUDENTS' NAME: _____

ADDRESS: _____

CITY: STATE: ZIP: _____

DATE Of BIRTH: _____

PHONE: HOME: _____ CELL: _____

EMAIL: _____

**THE UNDERSIGNED FULLY UNDERSTANDS THAT IN CASE OF ACCIDENT OR
INJURY, THE INSTRUCTORS, BUILDING, GROUNDS, OR ANY OTHER PERSON
CONNECTED WITH THE COSZACKS ELITE DEFENSE SYSTEM, THE TRI
VALLEY FITNESS CENTER, OR THE TRI VALLEY SCHOOL DISTRICT WILL NOT
BE HELD RESPONSIBLE.**

STUDENTS' SIGNATURE _____ DATE: _____
(If 18 Years of Age)

IF UNDER 18 YEARS OF AGE HAVE PARENTS COMPLETE THIS SECTION

I HAVE READ THE ABOVE WAIVER & ACKNOWLEDGE THAT I AM SAID STUDENTS
PARENT/S OR LEGAL GUARDIAN.

PARENT/S SIGNATURE _____ DATE: _____

PARENTS NAME _____

ADDITIONAL INFORMATION OR PHONE#'s _____
