



Consent Form

CONSENT FOR USE OF IMAGE: I hereby grant to Palm Beach Sword School, Ken Shin Kan of Florida Inc and/or Corsair's Wares International LLC , and their agents and assigns the absolute, irrevocable, unlimited right and permission, to make audio/visual images of me in connection with my participation in activities, and to use my name in connection therewith, and to include me with others, and to use and reuse, in any manner at all, said images, in whole or in part, either by themselves or in conjunction with other images, in any medium and for any purposes whatsoever, including, without limitation, all promotional and advertising uses, and other trade purposes. I understand that all negatives, positives, and digitally stored data, including film, sound, video tape, and electronic, together with any prints shall constitute the property of Palm Beach Sword School, Ken Shin Kan of Florida Inc and/or Corsair's Wares International LLC and/or their agents and assigns. Further, I hereby forever release and Palm Beach Sword School, Ken Shin Kan of Florida Inc and/or Corsair's Wares International LLC, the activity Organizers, and their respective successors, agents, and assigns from any and all claims, actions and demands arising out of or in connection with the use of said images, including without limitation, any and all claims for invasion of privacy and defamation. I certify that I am 18 years of age or older; am legally competent and capable of executing this document on my behalf myself (or that I am the Legal Guardian or Parent of a minor child and am legally competent and capable); and understand that by signing below, I have read this consent, fully understand it, and freely and voluntarily sign the same.

Participant's Signature	
Participant's Name	
Date	

Signature of Parent or Guardian for minor	
Parent or Guardian's Name	
Date	

CONSENT FOR MEDICAL TREATMENT: I give consent to the Activity Organizers, including without limitation, Palm Beach Sword School, Ken Shin Kan of Florida Inc and/or Corsair's Wares International LLC, and their respective agents and assigns to obtain medical treatment from any health care provider, physician, hospital or clinic for me for any injury or illness that may arise during the Classes and associated activities; however, I understand there is no obligation to provide medical treatment. Further, I waive and release any and all claims related to any medical treatment, or lack thereof. I certify that I am 18 years of age or older; am legally competent and capable of executing this document on my behalf myself (or that I am the Legal Guardian or Parent of a minor child and am legally competent and capable); and understand that by signing below, I have read this consent, fully understand it, and freely and voluntarily sign the same.

Participant's Signature	
Participant's Name	
Date	

Signature of Parent or Guardian for minor	
Parent or Guardian's Name	
Date	

Medical Information

Personal Information

Participant Name			
Participant Phone	()	Participant Email	
Allergies			
Medical Conditions			

Primary Emergency Contact

Contact Name	
Relationship to Participant	
Home Phone	()
Cell Phone	()
Work Phone	()
Email Address	

Secondary Emergency Contact

Contact Name	
Relationship to Participant	
Home Phone	()
Cell Phone	()
Work Phone	()
Email Address	