

WORKSHOP/SEMINAR AGREEMENT

Student Information: (Please Print)

Students Name _____

Address _____

City/State/Zip _____

E-Mail Address _____

Occupation _____

How did you hear about us? _____

Birth Date _____

Program/Seminar Code/ID: _____

Phone Contact Information:

Contact 1:(Student/Parent)_____

Phone # (h)_____

Phone # (w)_____

Mobile # _____

Emergency Contact:

Contact _____

Phone # _____

Release of Liability:

This agreement is between **(students name)** _____; Austin Martial Arts Academy; Satori Method Academy; Empty Hands Incorporated; Realistic Assault Defense and all special event programs; its instructors; independent contractors; volunteers and all other employees and affiliated members; hereinafter collectively referred to as Satori Method Academy or as SMA.

In consideration for enrollment in the SMA programs, I make the following statements and promises:

1. I acknowledge before signing this agreement that the techniques taught in SMA programs are intended strictly for self-defense and physical health & fitness purposes, and that these techniques are not to be used in a negative or aggressive manner against any person or property. I understand that I may be expelled at any time from participation in a program or event if the instructors learn that I used these techniques in a negative or aggressive manner against anyone or anything.
2. I agree that I, my heirs, next of kin, legal representatives and assigns (a) will not make a claim against the SMA for any injury, death, or property damage resulting directly or indirectly from my participation in an SMA program or event; and (b) will release and discharge the SMA from any claims or demands arising from injury, death, or property damage to me caused by my participation in an SMA program or event.
3. I promise to defend, indemnify, and hold harmless the SMA from any claims made by third parties alleging injury or damage resulting from my conduct and activities while on SMA premises or during an SMA sponsored event, from my conduct as an SMA student, and from my use of any techniques learned in an SMA program.
4. If I have any disabilities or illnesses, or am pregnant, or I am currently seeing a psychological therapist, I have advised an SMA instructor of this fact, and will obtain written consent from my physician or therapist to participate in SMA programs and events.
5. I agree to allow SMA to use my still or moving picture for any promotion and/or publicity relating to SMA. I understand that I will not receive any compensation for such use.
6. I have not requested nor received any warranties as to the effectiveness of any SMA program.
7. If I am under 18 years of age, I have advised an SMA instructor of this fact, and I have shown this agreement to my mother, father, or legal guardian. My mother, father, or legal guardian hereby consent to my participation in SMA programs/events and further agree to be bound in full by the terms and provisions of this agreement as evidenced by their signature below.
8. I agree that there have been no oral representations, statements, or inducements made apart from this written agreement.
9. I agree that this agreement shall be binding upon my heirs, next of kin, representatives, and assigns.
10. I understand that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the state of Texas and that if any portion thereof is held invalid, I agree that the balance shall, notwithstanding, continue in full force and legal effect.
11. In the event of an injury, condition, or death that surpasses the capabilities of our First Aid/ CPR trained Instructor's; I hereby give permission to obtain qualified emergency medical assistance to myself, my son/ daughter and do not hold Satori Method Academy or any Independent Contractors liable for such occurrence.
12. I have carefully read this agreement and fully understand its contents and I am aware that this agreement releases any liability between the Satori Method Academy and myself. I voluntarily agree to each of the terms and provisions thereof and sign this agreement on my own free will.

Signature: _____

(Parent's signature if under 18 years of age)

Today's Date: _____

SELF DEFENSE ADDENDUM

1. All Self-Defense programs; Realistic Assault Defense, Satori Method Academy, Austin Martial Arts Academy, LifeKido, Personal Defense Readiness and special event programs; instructors; independent contractors; volunteers and all other employees and affiliated members are hereinafter collectively referred to as Satori Method Academy or as SMA.
2. SMA programs can involve strenuous physical activities and training as a student can involve physical contact between yourself and other students, instructors and training equipment, including, but not limited to, punching, blocking, kicking, throwing, rolling and grappling. You may also be participating in simulated self-protection scenarios that may be physically and/or emotionally stressful. With this knowledge, you are hereby advised that you assume the full risk and responsibility for any and all emotional, psychological or bodily injury, damages or death from your participation in any SMA program or sponsored event; or from your actions or conduct as an SMA student.
3. The techniques, tools, tactics and concepts offered in our SMA programs are to be used for legitimate self-defense purposes only. The techniques taught in these programs should not be shown to anyone outside of this program unless taught by a qualified & certified SMA Instructor.
4. When you practice any martial art or self-defense system you are "consenting to participate". When you train in any martial art or self-defense system, there is an assumption of risk, especially if those systems are geared towards street protection. Practice, train and use this information at your OWN RISK. Practice safely.
5. Always consult a physician prior to beginning any physical training program. Should you experience any strain, stop immediately and seek the advice of a licensed health care professional.
6. Always wear protective gear while practicing Sparring or Self-Defense. All participating students are required to wear protective equipment: hand & footpads, mouth guard, headgear, shin guards, groin cups (all males), knee and elbow pads as needed. We do not practice "full" contact sparring. All freestyle sparring is controlled, that is techniques are focused on the target area with light to medium (tag) contact.
7. Individuals involved in the instruction of these programs at Satori Method Academy and other participating students, assume no responsibility for any injury or damage resulting from the execution and practice of the techniques presented.
8. Do not depend on our techniques for your safety. Your safety depends upon you and your ability to avoid, defuse or control confrontations. Although the techniques presented in these programs cannot ensure your safety, they certainly can enhance it.
9. The *Role Playing Scenarios & Simulation/Replication Scenarios* are intended for educational purposes only. During adult *Role Playing Scenarios* or a *Simulation/Replication Scenarios* the use of profanity may be used when needed to emulate a realistic scenario for your self-defense education.
10. If you misinterpret a concept, principle or theory expressed in our programs you could be seriously injured or killed as a result of the misunderstanding. Therefore the information contained in these programs, manuals & handouts should be diligently and thoroughly practiced and well understood.
11. Your safety depends on your judgment during all confrontations. Always, when possible, avoid any physical confrontation. None of the techniques presented should be employed unless your life or physical well-being is in immediate imminent danger. In the event of a hostile life-threatening encounter, use ONLY the amount of force necessary to stop the threat or remove yourself from the dangerous situation.
12. If you are in question of what action may constitute "reasonable force" and "excessive force" contact your local law enforcement agency. Laws vary in each state and jurisdiction.
13. I have carefully read this entire document and fully understand its contents. I voluntarily agree to each of the terms and provisions thereof and sign this agreement on my own free will.

Signature: _____

(Parent's signature if under 18 years of age)

Today's Date: _____

SEMINAR FINANCIAL AGREEMENT

Student's Name (Please Print): _____

Workshop/Seminar: _____ Fee: \$ _____
(Please describe the course that you are registering for and list the quoted fee.)

Method of Payment: (Please check one)

Electronic Check

Routing Number _____ (the 1st 9 digit number on the bottom left of check)

Account Number _____ (the next series of numbers) Check No. _____

Bank _____ Full Name on Account _____

Credit Card (circle one) VISA M/C AMEX DISCOVER (There is a 3% fee when paying by Credit Card)

Card Number _____ Exp. Date _____

Name on Card _____

I authorize one payment of \$ _____ on _____ (Please choose from the 1st or 15th)

I authorize SMA to electronically deduct/process the above amount from my bank or credit card account listed above and I understand that I am responsible for payment to SMA of those charges. I authorize SMA to process payments on or around the due date according to the terms of this agreement. I agree to have funds available at least 3 days prior to due date and will pay a service charge of \$25.00 on any item presented for collection and returned for any reason. It is my responsibility to notify SMA in writing within 72 hours, should any of my financial information change. SMA has the sole right to modify any payment due date.

Signature: _____ Date: _____

Cancellations:

* If you wish to cancel this agreement, you may cancel by delivering or mailing by certified mail, return receipt requested, written notice to the Satori Method Academy. The notice must say that you do not wish to be bound by the agreement and must be postmarked before 12 midnight of the third business day after you sign this agreement. The notice must be delivered or mailed to the Academy at the address shown below. Refunds will be issued when notification of cancellations have been received in writing within 72 hours from date of this purchase. Notification of cancellations received in writing later than 72 hours of purchase will be issued a credit, provided it is prior to the seminar start date. Credits may be applied to other seminar dates or Satori Method Academy programs. A \$25 administrative fee will apply for all cancellations or reschedules. There is no prorating of fees for missed classes or for late enrollments. Failure to attend does not constitute a refund or cancellation and returned transactions are subject to a \$25.00 returned transaction fee.

Please fax, mail or drop off this Seminar Agreement (all 3 pages) to:

**Fax # (512) 280-3499
Satori Method Academy
Attn: Seminar Program Director
5000 Bee Caves Rd, Suite 210
Austin, TX. 78746**

(Please keep a copy for your records)