



ADDRESS
Sina de Capoeira
University Heights Center
5031 University Way NE
Seattle 98105

CONTACT
T (206) 707 - 1090
sinadecapoeira@gmail.com

WEBSITE
www.artesdobrasil.com

SINA DE CAPOEIRA – PARTICIPANT INFORMATION / RELEASE OF LIABILITY

This form is used to collect contact information and as a liability waiver, where, by after you read and sign, you agree to all terms listed. This information is confidential and will not be exchanged with anyone outside of the school for any reason.

PARTICIPANT INFORMATION – please print

Participant Name: _____ Sex: ☐ M ☐ F Date of Birth: _____

Parent Name – if applicable: _____

Email: _____ Phone: _____

Street Address: _____ Apartment Number: _____

City: _____ Zip Code: _____

How did you hear about Sina de Capoeira? _____

Why Capoeira? ☐ Fitness – list goal(s): _____ ☐ Community ☐ Culture ☐ Other: _____

Receive class notifications via: ☐ Email ☐ Facebook Group ☐ Phone ☐ Text Interested in special events / promotions? ☐ Y ☐ N

HEALTH & EMERGENCY CONTACT INFORMATION

Emergency Contact: _____ Relationship: _____

Email: _____ Phone: _____

Insurance Carrier: _____ Policy / Group Number: _____

Current Medications / Medical Conditions / Allergies: _____

Physical Ailments or Other Concerns: _____

CAPOEIRISTA INFORMATION – if applicable

Capoeira Name: _____ Belt: _____ Group / Teacher / Location: _____

RELEASE OF LIABILITY

I, for myself, assigns, heirs, next of kin acknowledge and those under my guardianship agree that I understand the nature of sports activities and that I am qualified, in good health, and in proper physical condition to participate in such activities as they occur at the Sina de Capoeira academies, events, and any other gatherings organized by and / or related to said organization. I further agree and warrant that if at any time I believe these conditions to be unsafe, I will immediately discontinue further participation in these activities. I fully understand that sports involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death. I understand that these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others and / or the condition in which the activities take place. I understand that there may be risks and social and economic losses either not known to me or not readily foreseeable at this time and I fully accept and assume all such risks and responsibility for losses, costs and damages that I may incur as a result of the participation the activities. I hereby release, discharge and hold harmless Sina de Capoeira, their respective owners, lease holders, administrators, directors, agents, officers, members, volunteers, and employees, other participants, sponsors and advertisers from all liability, claims, demands, losses and / or damages caused, or alleged to be caused, in whole or in part by me or by my assigns, heirs, next of kin, and those under my guardianship. Furthermore, I will indemnify, save and hold harmless Sina de Capoeira from any litigation expenses, attorney fees, loss, liability, damage, or costs which may be incurred as the result of such a claim. Furthermore, I also agree that participation grants Sina de Capoeira and its agents the right to take and utilize photographs without any legal or financial obligation.

I have read this agreement, fully understand its terms and have signed it freely and without inducement. Shall any portion of this agreement be held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Signature of Parent / Guardian: _____ Date: _____

Participant Signature: _____ Date: _____

PARTICIPANT INFORMATION / RELEASE OF LIABILITY
SINA DE CAPOEIRA

Participant: ☐ Adult ☐ CAPOKID ☐ Family Discount
Uniform: T-shirt _____ Pants _____