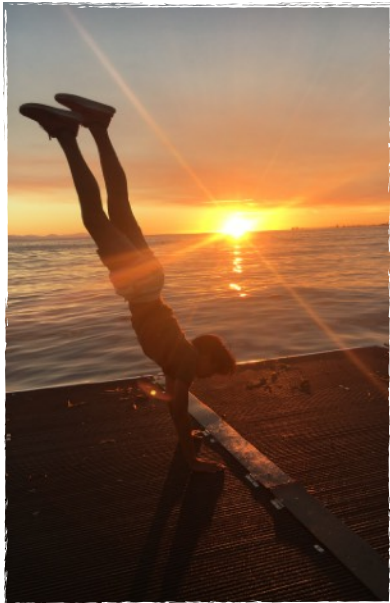


TUESDAYS
5-6PM
JAN30-MAR20
2018



PARENT & CHILD KARATE & YOGA!

Fun, Fit, Focus with your kid!

Get **STRONG** in your body, **CALM** in your mind and
VIBRANT in your spirit!

With a toolbox full of energy building, stress relieving techniques

All 8 classes held at Calvary UMC, 2315 S Grant St. Arlington VA 22202

\$200 per pair (including an empowering kids book)

Parent & Child (age 3-7) sign up together. **REGISTER:** www.udflow.com

Instructors: **Lisa M. Ling**, Human Potential Coach, 9x National Karate Champion

Bodhi Patil, 2020 Class President, Wakefield; Founder, Bodhi's Light

Questions? Contact **571 406 9336** lisa@udflow.com

Universal Dynamic FLoW

NEW PARTICIPANT REGISTRATION

~PARENT&CHILD KARATE&YOGA CLASS~

Participant Names: _____ Child's Age _____

Address: _____ City/State: _____

Zip: _____ Primary Phone Number: _____ School/Grade: _____

(Parent) Email: _____

EMERGENCY CONTACT: _____ PHONE NUMBER: _____

PLEASE CHECK ONE:

- ☐ ONLINE PAYMENT (take a picture of completed form, email to lisa@udflow.com. You'll get an email link via PayPal)
- ☐ PAYMENT BY CHECK (\$200 made out to "Lisa M Ling" - drop-off at Calvary office)

ASSUMPTION OF RISK, WAIVER, AND RELEASE

By signing up for and/or attending classes, events, activities, and other programs and using the premises, facilities and equipment (individually and/or collectively, the "Classes and Facilities") of Universal Dynamic FLoW LLC ("FLoW"), I hereby acknowledge on behalf of myself, my heirs, personal representatives and/or assigns, that there are certain inherent risks and dangers in fitness/self-defence classes and exercise equipment in association with the Classes and Facilities. I acknowledge that some of these risks cannot be eliminated regardless of the care taken to avoid injuries. I also acknowledge that the specific risks vary from one activity to another, but range from (1) minor injuries such as scratches, bruises, and sprains; (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; and (3) catastrophic injuries including paralysis and death. At all times, I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions given to me by staff. If in the subjective opinion of the FLoW staff, I would be at physical risk participating in FLoW Classes, I understand and agree that I may be denied access to the Classes and Facilities until I furnish FLoW with an opinion letter from my medical doctor, at my sole cost and expense, specifically addressing FLoW concerns and stating that FLoW concerns are unfounded. In consideration of being allowed to participate in and access the Classes and Facilities, I hereby (1) agree to assume full responsibility for any and all injuries or damage which are sustained or aggravated by me in relation to the Classes and Facilities, (2) release, indemnify, and hold harmless FLoW, its direct and indirect parent, subsidiary affiliate entities, and each of their respective officers, directors, members, employees, representatives and agents, and each of their respective successors and assigns and all others, from any and all responsibility, claims, actions, suits, procedures, costs, expenses, damages, and liabilities to the fullest extent allowed by law arising out of or in any way related to participation in the Classes or use of the Facilities, and (3) represent that I (a) have no medical or physical condition that would prevent me from properly using any of FLoW Classes and Facilities, (b) do not have a physical or mental condition that would put me in any physical or medical danger, and (c) have not been instructed by a physician to not participate in physical exercise. I acknowledge that if I have any chronic disabilities or conditions, I am at risk in using FLoW Classes and Facilities, and should not be participating in any Classes.

I have read this Assumption of Risk, Waiver, and Release Agreement, fully understand its terms, and understand that I am giving up substantial rights including my right to sue FLoW under certain circumstances. I acknowledge that I am signing this waiver freely and voluntarily. The term of this waiver is indefinite.

Signature: _____ Date: _____
(of Parent/Guardian if under 18)