

**CAPOEIRA ACHÉ BRASIL LTD.**  
Mestre Eclilson de Jesus  
341 East Broadway Vancouver, BC V5T 1W5  
778.838.9801 www.achebrasil.com

**RELEASE OF LIABILITY – PLEASE READ & SIGN**  
**For Parents or Legal Guardians only**

(Both the student and parent must be aware of the following conditions.)

I am aware that Capoeira and Martial Arts are dangerous sports and that playing or practicing Capoeira can be a dangerous activity involving risks of injury. I, the undersigned, acknowledge that participation in Capoeira carries with it inherent risks including, but not limited to, the risk of injury, and I freely accept and fully assume all such risk(s). **I recognize the importance of following the instructor's instructions regarding technique, training and other rules and I agree to obey the instructions.**

In consideration of Capoeira Aché Brasil Ltd. permitting me to participate in Capoeira and to engage in all activities related to Capoeira, including, but not limited to trying out and practicing Capoeira, I hereby assume all risks associated with Capoeira and Martial Arts, and agree to hold Capoeira Aché Brasil Ltd. and its officers, directors, teachers, employees, agents, representatives, coaches, student assistants, senior students and volunteers harmless from all liability, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with participation in any activities related to Capoeira and Martial Arts, with Capoeira Aché Brasil Ltd.

The terms herein serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_  
(student) have read the above conditions of participation and fully understand the terms herein.

I, the undersigned, hereby release Capoeira Aché Brasil Ltd., it's officers, directors, teachers, employees, agents, representatives, coaches, student assistants, senior students, and volunteers from any and all liability in regards to any personal injury suffered by children/wards which may arise out of participation in or attendance at classes and events at Capoeira Aché Brasil Ltd., as stipulated above.

\*Print Name of **Parent/Guardian**: \_\_\_\_\_.

First Name

Last Name

\*Signature of **Parent/Guardian**: \_\_\_\_\_.

Signature of **Student**: \_\_\_\_\_.

Date: \_\_\_\_\_.

(DD/MM/YYYY)

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**Intake Agreement for Minors (3-18 yrs of age)**

FOR PARENTS OR LEGAL GUARDIANS ONLY

Name of Student (print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parents/Guardians: \_\_\_\_\_

Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Alternate Emergency Contact Info: \_\_\_\_\_

\* Medical condition(s) or injuries that we should be aware of: \_\_\_\_\_

\* If the student's done Capoeira before, where? \_\_\_\_\_

Appr'x Dates: \_\_\_\_\_

\* How did you find us? \_\_\_\_\_

**Please Note:**

Payment is due on the date or before your classes begin (after first free class).

Monthly membership payments (if signed up) must be made even if the Student does not attend classes. There are no refunds for payments unless there is a serious condition preventing the Student from attending classes. A doctor's note is required; please inform our office immediately.

We accept VISA, Mastercard, Debit card, e-transfer or cash.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date: (DD/MM/YYYY)