

***JERRY WILLIAMSON MARTIAL ARTS,
INC.
JAPANESE SHOTOKAN KARATE
CLASSES***

**Instructor: Sensei Jerry Williamson
Cell: (904) 765-2441**

- *Instructing 25 years in North Florida
- *5th Degree Shotokan Black Belt
- *21 Years Law Enforcement
- *Former FAME Florida State Champion
- *5 Years Police Olympic Gold Medalist



**Improve your
fitness level, self
control, and self
image while
learning self
defense.**



Ages 5 and up

Monday: 3:30 – 4:30pm

Wednesday: 3:30 – 5:00pm

Peck Center, 1st Floor Instructors' Studio

City Residents: \$40.00 monthly / Non-City Residents: \$45.00 monthly

Uniform/Belt/Patch can be purchased directly from the Instructor

\$46.00 plus tax



City of Fernandina Beach Parks & Recreation Department

904-310-3358



Jerry Williamson
Martial Arts, Inc.
Application

Student Name: _____ Date of Birth: _____

Address: _____ City/State: _____

Zip: _____ Home Phone: _____ Work/Cell Phone: _____

Parent(s) or Legal Guardian's Name(s): _____
(Students under 18 years of age)

Address (if different from above): _____

City/State: _____ Zip: _____

Person to contact in case of emergency: _____
(In addition to person(s) listed above)

Relationship: _____ Phone: _____

List any type of past/present physical ailment, illness, injury or any other condition that may affect participation or ability to participate in and to endure the karate/martial art training, exercise, stretching or sparring programs.

RELEASE FROM LIABILITY

In exchange for authority to participate in the Jerry Williamson Martial Arts Inc. karate and martial arts training program, I hereby grant the following release from liability:

I hereby forever release and hold harmless Jerry Williamson Martial Arts Inc., its officers, directors, employees, agents, and lien holders and the City of Fernandina Beach (hereafter the "Released Parties") from any and all liability for injury to my person caused in any manner, including the negligence of the Released Parties, by my participation in the Jerry Williamson Martial Arts Inc. karate and martial arts training program. I intend this release to apply to all of my future participation in any Jerry Williamson Martial Arts Inc. event.

I acknowledge the Jerry Williamson Martial Arts Inc. karate and martial arts training program consists of strenuous exercise and activities which involve flexibility, balance, coordination, muscle toning and endurance. I acknowledge that I have consulted with my physician with respect to starting any exercise or training programs if I have any past or present injury, illness or any other condition that may affect my participation and ability to participate in and to endure the karate and martial arts training program.

Signature: _____ Date: _____

Signature of Parent or Legal Guardian: _____ Date: _____
(For participants under 18 years of age)