



# Kahana's Stunt & Film School

P.O. Box 127, Groveland, Florida, 34736  
www.kahanastuntschool.com

Office 352-429-4561  
Email: tvstunts@kahanastunts.com

## Application Form

No# 1 – Stunt Course for (2) Weeks ..... Totaling \$4500.00  
50% Deposit down to confirm for registration ..... \$2250.00

No# 2 – Option Stunt Course for (4) Weeks ..... Totaling \$8500.00  
50% Deposit down to confirm for registration ..... \$4250.00

The balance of No# 1or No# 2 is required ten days before the course begins, unless special arrangements have been made.

Monthly payment plan and private classes are also available.

I am hereby applying for stunt class of basic instruction, which includes the following: (Workouts)(Gymnastics)(Trampoline)(Studio and Karate Fighting)(High Falls) (Rappelling)(Zip-Line)

\*Specialized Stunts are Extra\*

Driving-Crashes-Rollovers-Fire Gags-Etc.

This will include the Fee's for the Stunt School Course and 2 or 4 weeks of lodging. You are responsible for your Meals, Groceries and Laundry etc. You can bring your own sleeping bag or whatever you would like to bring.

Registration will be taken on a "first-come, first-served basis." Kahana's Stunt School reserves the right to cancel any session or course due to current production, unsafe weather conditions or other circumstances as dictated by the instructor.

I recognize that the various techniques in which I will be trained are highly dangerous and I assume all risks for any injury which may occur to me or others, through anything other than, but still including, intentional and malicious injurious acts. I also agree to sign a complete waiver of liability on the part of Kahana's Stunt & Film School and (SAC. INC.) before engaging in any activities.

I understand that I am responsible for my own insurance.

I also consent that any pictures furnished by me or any pictures taken of me in connection with Kahana's Stunt & Film School or (SAC. INC) can be used for publicity, promotion, television, video, or theatrical etc. and I waive any compensation in regard thereto. I also waive compensation in regard to the release of my names or circumstance, story, etc. for the same use as the pictures described herein.

By submitting this form along with a check, money order, or cash for \$ \_\_\_\_\_

Make payable to: Kahana's Stunt School or Kahana's

Rate your level of Physical Fitness (1 being low - 10 being high) \_\_\_\_\_

In addition to your completed application, you must include the following:

- Doctors approval
- Recent snapshot

Refund policy: To request a refund, contact our credit department, Monday - Thursday between 10:00am and 3:00pm or mail a certified or registered letter. A refund will be issued if he/she notifies our office of cancellation (in writing) two business days before the scheduled course begins. A \$1,250.00 handling fee will be deducted for each refunded class. After the refunded deadline has passed, no refund will be made. Refunds can immediately be received in the form of a "Credit Coupon" that may be used for a future class. Coupons are valid for one year from date of issue. A refund check shall be issued within 4 to 6 weeks after the start of a session.

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ (Male/Female)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ Cell:(\_\_\_\_) \_\_\_\_\_ Work:(\_\_\_\_) \_\_\_\_\_

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

Social security#: \_\_\_\_\_

Union Member(SAG/AFTRA) Yes \_\_\_ No \_\_\_ If Yes Card# \_\_\_\_\_

I HAVE READ AND UNDERSTAND THIS APPLICATION FORM

SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_

SEND TO:

KAHANA'S STUNT and FILM SCHOOL

P. O. BOX 127 GROVELAND, FLORIDA 34736

Phone: 352-429-4561