



Today's Date ___/___/___

Student _____ DOB _____

Student _____ DOB _____

Student _____ DOB _____

Guardian (if Student under 18) _____

Address _____ City _____ State _____ Zip _____

Phone () _____ Email _____

How did you hear about Elite Martial Arts? _____

Are there any health concerns we should be aware of? _____

Release of Liability and Indemnity Agreement
(Read Carefully Before Signing)

I, the undersigned, understand that there are risks and dangers associated with participation in martial arts events and activities which could result in bodily injury partial and/or total disability, paralysis and death. I further understand that these risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others including, but not limited to the releasees named below. I accept and assume such risks and agree that Elite Martial Arts of Brentwood Inc. will not be liable to student or any person on behalf of student for any claims, demands, injuries, damages, or actions arising due to injury to student's person or property arising out of or in connection with the use by student or family member of the student of the services, facilities, and premises of Elite Martial Arts of Brentwood Inc.. Students and guardians of students hereby hold Elite Martial Arts of Brentwood Inc., its officers, owners, agents, employees, any property owners where Elite Martial Arts may hold an activity forever harmless from all claims which may be brought against them by student or on student's behalf for any such injuries or claims.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

X _____
Student Signature (Parent or Guardian Signature if minor)

_____/_____/_____
Date

Membership Agreement

3 Month Membership (Paid in advance) \$ _____
No refunds will be given for any reason. (Initial) _____

Month to Month Membership: Monthly Payment \$ _____
Written notice (e-mail) is required for cancellation and payments will recur until cancelled by member regardless of attendance. (Initial) _____

Trial Membership: Payment \$ _____ Paid Employee Initials _____

Membership: Start Date: ___/___/___ End Date ___/___/___

Payment Information

Start Date: ___/___/___ End Date: ___/___/___

Monthly Payment amount \$ _____ Initial Payment due \$ _____ Paid Employee Initials _____

Date recurring payments due : _____ of each month. Date First Bank-draft due: ___/___/___

Bank Draft Authorization

I, _____, (Name as it appears on Card) authorize Elite Martial Arts to charge my debit or credit card in the amount and according to the terms stated above as payment by the method indicated below and post it to my account.

MasterCard Visa Discover

Account #: _____ Exp. Date ___/___/___

Authorized Signature _____ Date ___/___/___