

MUSHIN ACADEMY WAIVER



(PRINT AND COMPLETE FOR YOUR FREE WEEK!)

Today's Date: _____ DOB _____ Height _____ Weight _____

Name _____
First Middle Initial Last

Home Address _____

City _____ State _____ Zip Code _____ Age _____

Email Address _____

Telephone:(Home) (_____) _____ (Work) (_____) _____

Occupation _____ Employer/School _____

Have you ever been arrested? If yes, why? _____

Have you ever been convicted of a crime? If yes, what? _____

If under 18:

Parent Name _____

Parent Signature of Consent to Participate _____

Emergency Contact:

Name _____

Address _____
Number Street City

Phone #: (_____) _____ Work Phone #: (_____) _____

Have you been medically cleared to participate in physical activity by your medical professional? YES NO

Do you have any medical, physical, mental, or emotional condition(s)/disabilities/problems or allergies that staff should be aware of? Please explain. Use the back of this form if more space is needed.

Do you take any prescription medication on a regular basis that staff should be aware of? Please explain. Use the back of this form if more space is needed.

How did you find out about this program? _____

I _____ understand that Mushin Academy of Martial Arts is a private school/club and is under no obligation to accept me as a member/student. I further understand that non-acceptance of the program will not be based on race, sex, sexual orientation, religion, or national origin. Martial Arts is a contact/combat sport and injuries can happen. By signing you understand the risks of participating: in this program.

DISCLAIMER/WAIVER RELEASE OF LIABILITY

In consideration of the acceptance of myself or my minor child, in the Mushin Academy of Martial Arts program and/or any other self-defense seminar or class, I the undersigned, for myself, my executors, administrators, heirs, and assignees, do hereby discharge, waive and release Kevin Kellems, Mushin Brazilian Jiu-Jitsu LLC, the Kellems family, the White family, the Boucher family, their instructors, directors, staff, officers, officials, employees, guest instructors, members, other contributors, and volunteers from/of all demands or actions whatsoever in any matter arising or growing out of my participation in this self-defense Program, including travel to and from and again, do hereby discharge, waive and release all rights and claims for any/of damages suffered by me and/or my child while participating in any class, program or other event promoted and/or sponsored by the above-mentioned parties, including the use of any equipment on the premises. Although care will be taken to provide a safe program, I acknowledge that there are certain risks inherently involved in martial arts/self-defense training, practice, competition, and seminars, including the risk of death. I have read and fully understand this application and waiver form.

Signature of Applicant or Parent/Guardian

Date