

Cutting Edge Martial Arts

Registration Form and Liability Waiver

Student Name: _____ Date: _____
Date of Birth: _____ Age: _____
Name of Parent or Guardian (if under 18): _____
Address: _____ Phone: _____
Work Phone: _____ Email Address: _____
Whom should we contact in case of emergency? _____
Relation of contact to yourself: _____ Emergency Phone: _____
School Attended (if minor): _____ Grade or Year: _____
Why are you interested in martial arts(circle)? Fitness Self-Defense Cross Training Fun
Focus/Discipline Other: _____
How did you find Cutting Edge Martial Arts(circle)? Yelp Facebook Web Search Phone Book Twitter
Event Friends Posters Other: _____
Is there anything else you want us to know about the student's learning style, challenges, etc.?

If the student has prior experience in martial arts, what rank was achieved? _____
Experience in other martial arts, if any? _____

This Agreement is entered into the upon date set forth below Cutting Edge Martial Arts and/or Mark Austin (hereinafter referred to as "School") and the Enrollee(s) or Guardian whose name is set forth on the bottom of this form and who has caused his or her signature to be affixed hereto (hereinafter referred to as "Student"). All references herein to Student shall be deemed to include, as appropriate, the minor on whose behalf his or her guardian is executing this Agreement.

Student agrees to abide by the rules and regulations governing the conduct of students and observers and the operation of instruction sessions, all of which have been promulgated by the School in order to promote efficiency, safety, and a clean training environment. Student acknowledges and agrees (i) that rules and regulation governing the School have been adopted, and may be changed from time to time, (ii) to abide by all such rules and regulations as adopted or hereinafter amended, (iii) that the hours of operation and schedule of classes may be changed at the discretion of the School and (iv) that the School reserves the right to revoke or terminate any enrollment.

Student understands that martial arts training my involve intense physical exercise and Student certifies that Student is in good physical and mental condition, and that Student has not been advised by any doctor or physician not to engage in such physical activities as are involved in training at the School. Student further certifies that Student has notified the School of any physical or mental condition which may affect Student's health or safety, or the safety of others while training at the School.

Student agrees that all exercises and/or courses are undertaken at Student's own risk. Student understands the procedures and exercises involved in instruction and participation as explained to him/her by an instructor or assistant of the School. Student understands that there is a risk of personal injury or medical trauma involved in the course of instruction and, with this knowledge, hereby indemnifies and holds harmless the School from all losses caused by accident, injury or trauma to Student, or to any third party who may be with Student, in the event that Student or said third party is injured or harmed in any way during the performance or execution of exercises.

Neither the School, its agents or employees shall be held responsible for damaged, lost or stolen articles, inside or outside the School's facilities.

Student hereby irrevocably authorizes the School, its successors and assigns, and those acting under its authority, to copy, use or publish, for art, advertising, trade, or any other lawful purpose whatsoever, photographic portraits, pictures or videotapes of Student, in which Student may be included in whole or in part, without any cost. No refund will be given.

Student Name: _____ Student/Guardian Signature and Date: _____