



Family Martial Arts Center

Member Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

Responsible Party _____

Referral _____

Email Address _____

Membership Privileges

You agree to take and the Family Martial Arts Center Karate/Jiu-Jitsu Program agrees to teach you a course in martial arts that the applicant has chosen.

This course begins on _____

I, _____ have chosen to participate in the Family Martial Arts Center Karate Jiu-Jitsu program which is a progressive physical exercise program. I hereby waive any claim I may have at any time against the Family Martial Arts Center regarding any personal injury or damage I may suffer or incur by such participation. I have been advised that participation in the Family Martial Arts Center may result in abnormal blood pressure, fainting, disorders of the heart beat, rare instance of heart attack, broken bones, tissue and muscle tearing. I hereby accept these risks.

I, _____ have been informed that it is advisable for me to obtain a physicians approval for participation in a progressive training program. I accept complete responsibility for my health and well being in the voluntary training program and related testing. I understand that the Family Martial Arts Center and or the leaders assume no responsibility.

I contest that any pictures furnished by me or any pictures taken in connection with the Family Martial Arts Center can be used for publicity, promotion, or television showing and I waive compensation in regard thereto.

Signature (parent or guardian if under 18 years)

Family Martial Arts Center witness