

Complete Martial Arts and Fitness

**** Please refer to liability release and express assumption of risk before filling out application. ****

Personal Information

Student First Name	Last	D.O.B	Age	Home Phone ()	Work Phone ()
Address				Province	Postal Code
Emergency Contact Name		Last		Home Phone ()	Work Phone ()
Address (If different from student)				Province	Postal Code
Guardian First Name		Last		Relation to Student	
				Home Phone ()	Work Phone ()
Address (If different from student)				Province	Postal Code
Email Address					

Membership Information

Your Membership begins on _____ / _____ / _____ and ends on _____ / _____ / _____ <div style="text-align: center; font-size: small;"> Month Day Year Month Day Year </div>
Yearly Membership fee \$ _____

I, _____ have read and completed Complete Martial Arts and Fitness's liability release form and application. I agree to abide by these agreements and regulations and acknowledge receipt of a true copy of this agreement.

Membership Issuer _____

Date: _____

Member's Signature _____

Date: _____

Complete Martial Arts and Fitness Inc.

Liability Release and Express Assumption of Risk

***** This release may be used against you in a court of law if you sue any released person or party. *****

(Please read carefully, fill in all the blanks, initial each paragraph before signing.)

_____, hereby affirm that I have been advised and thoroughly

Participant Name

of the inherent hazards of Complete Martial Arts and Fitness Inc. (CMAF), and released martial arts training.

Further, I understand that CMAF and other related martial arts involves certain inherent risks, and physical injuries may occur during any of the training segments associated with CMAF training and other related martial arts training. I still choose to proceed with such instruction, in spite of the possible hazards and risks associated with the training.

I understand and agree that CMAF, the owner(s), the instructors of CMAF and Seminar presenters at the CMAF (hereinafter referred to as "Released Parties") may not be held liable or responsible in any way for injury, death or damages to me or my family, heirs assigns that may occur as a result of the negligence of any party, including the release parties, whether passive or active. _____

In consideration of being allowed to enroll in the program, I hereby personally assume all risk in connection with said program, for any harm, injury, or damage that may befall me while I am enrolled as a student of the program, including all risks connected therewith, whether foreseen or unforeseen. _____

I further save the hold harmless said program and Released Parties from any claim or lawsuit by me, my family estate, heirs, or assigns, arising out my enrollment and participation in this program including both claims arising during the program of after I have completed the program of instruction. _____

I also understand that CMAF training and other related martial arts training may be physically strenuous and that I will be exerting myself during this program, and that if I am injured or become ill either during or as a result of this program of the training that I have received that I expressly assume the risk of said injuries and illness, and that I will not hold the above listed individual(s) or companies responsible for the same. _____

I further understand that any outgoings associated with CMAF or related martial arts, which are necessary for training and rank progression, may be held at a site that is remote by the time or distance, or both, from medical treatment facility. _____

I further state that I am of lawful age and legally competent to sign this liability and release, or that I have acquired the written consent of my parent or guardian. _____

I understand that the terms herein are contractual and not just mere recital, and that I have signed this document of my own free act. _____

IT IS THE INTENSION OF _____ BY THIS INSTRUMENT OF EXEMPT AND

Participant name

RELEASE COMPLETE MARTIAL ARTS AND FITNESS, THE OWNER(S), INSTRUCTORS OF CMAF AND SEMINAR PRESENTERS AT ANY TRAINING FACILITY, AND ALL RELATED ENTITIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR ANY PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO, THE NEGLIGENCE OF THE RELEASED PARTIED WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND EXPRESS ASSUMTION OF RISK BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

Signature of participant

Date

Signature of Parent or Guardian

Date