



NEW STUDENT REGISTRATION AGREEMENT - PLEASE FILL OUT BOTH SIDES

Student's Name: _____

Full Address: _____

Home Phone: _____

Student's Birthday: ____ / ____ / ____

Location: 517 Henry Street
 356 Van Brunt Street

Adult Students

Mobile Phone: _____

Email Address: _____ @ _____

Child and Youth Students

Primary Contact: (Mother of Father Preferably)

Primary Contact Mobile Phone: _____

Primary Contact Email Address: _____ @ _____

Secondary Contact: (Mother of Father Preferably)

Secondary Contact Mobile Phone: _____

Secondary Contact Email Address: _____ @ _____

Billing Information (select any that apply and complete)

- ____ Unlimited Option 1 - \$180.00/Mo. for 11 consecutive months and get 12th month FREE*.
- ____ Unlimited Option 2 - \$1800.00/Yr. Pay for 10 consecutive months and get 11th and 12th month FREE*.
- ____ 4 Classes/Month - \$130/Mo. For 11 consecutive months and get 12th month FREE*.
- ____ Black Belt Club (High-Brown/Black only) - additional \$40/Mo.

Name on Card: _____

Credit Card Number: _____ Expiration Date: _____

* FREE month is redeemed only upon completion of the payment agreement.

____ I agree to pay the New Agreement fee of \$100 which includes the Mission Martial Arts Karate Gi. Waived? _____ (Instructor's Initials)

____ I hereby confirm that the above information is correct and understand that upon signing this agreement and registering for classes at Mission Martial Arts Academy LLC. or MMA Children's Center Inc., that I (signer) agree to make scheduled payments consistent with the payment plan chosen at the time of signing for a period of no less than one (1) year from the date signed. I understand that said payments will be automatically debited from my submitted credit card and the FREE month is redeemed only upon completion of said payment agreement. I understand that to end my payment agreement I must notify Mission Martial Arts in writing (email, written correspondence) no fewer than thirty (30) days before the next scheduled payment. I understand that if I do not end my payment agreement in the above stated manner, I am still responsible for paying even if classes are not attended by the registered student. I understand that if I fail, for any reason (except that of serious illness or injury), to complete my payment schedule agreement in full, I understand that upon registering for classes at a later date, I will be subject to a registration fee for the new payment agreement.

____ I hereby understand that upon completion, the aforementioned payment agreement will renew automatically for another (1) year

Signature of Student, Parent or Guardian: _____ Date: _____

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

SECTION I: RISK ASSESSMENT (check any that apply to participant)

- | | | |
|---|--|---|
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Significant Joint/Muscle Pain | <input type="checkbox"/> Allergies? To what? _____ |
| <input type="checkbox"/> Inhaler? (bring it to every class) | <input type="checkbox"/> Back Pain | <input type="checkbox"/> Medication(s)? Type? _____ |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Cigarette Smoking | <input type="checkbox"/> Other: _____ |

SECTION II: AGREEMENT

In consideration of participating in Martial Arts Lessons at Mission Martial Arts LLC. or MMA Children's Center Inc., henceforth known as the "Activity", "I", the participant in said activity, agree and acknowledge that I am fully aware that participation in the Activity involve risks and I accept all the risks of participating, even if the risks are created by the carelessness, negligence or gross negligence of a Released Party (as defined below) or anyone else. "Claims" includes but is not limited to any and all liabilities, claims, demands, legal actions, rights of actions for damages, personal injury or death in connection with participation in the Activity. "Released Party" means **Mission Martial Arts LLC., MMA Children's Center** or any of its affiliates, franchisees and their respective representatives, directors, officers, agents, employees or volunteer staff.

I agree and acknowledge that:

- a. I am in proper physical condition to participate in the Activity, and am aware that participation could, in some circumstances, result in physical injury, serious physical injury or death.
- b. I understand my physical limitations and am sufficiently self-aware to stop physical activity before I become ill or injured.
- c. I am aware that if the Activity occurs outdoors, the streets adjoining the area of the Activity are open to regular vehicular traffic during the Activity and I will obey all traffic laws and regulations.

I hereby, for myself and for my heirs, next of kin, executors, administrators and assigns, fully release, waive and forever discharge any and all rights or Claims I may have, now or in the future, against any Released Party, even if the Claims are based on the carelessness, negligence or gross negligence of a Released Party or anyone else. Without limiting the foregoing, I further release any resources which I may now or hereafter have resulting from any decision of any Released Party.

I agree not to sue any Released Party for Claims, even if the Claims arise from the carelessness, negligence or gross negligence of any Released Party or anyone else. I agree to indemnify (reimburse for any loss) and hold harmless each Released Party from any loss or liability (including any reasonable legal fees they may incur) defending any Claim made by me or anyone making a Claim on my behalf, even if the Claim is alleged to or did result from the carelessness or negligence of any Released Party or anyone else.

I am aware that there is no obligation for any person to provide me with medical care during the Activity. I acknowledge that:

- a. there may be no aid stations available for the Activity.
- b. if medical care is rendered to me, I consent to that care if I am unable to give my consent for any reason at the time the care is rendered.

I grant my permission to the Released Party and any transferee or licensee or any of them, to utilize any photographs, motion pictures, videotapes, recordings and other references or records of the Activity which may depict, record or refer to the participant for any purpose ("Likeness"), including commercial use by the released parties, their sponsors and their licensees. This permission is for use anywhere in the world and on the Internet and for an unlimited period of time. I understand and agree that I will not be compensated or receive additional consideration for consenting to the use of my Likeness and that I will not be given a chance to receive, inspect or approve the promotional or marketing material, messages and/or content that may use my Likeness.

If any provision of this agreement shall be unlawful, void or for any reason unenforceable, then that provision shall be deemed severable from this agreement and shall not affect the validity and enforceability of any remaining provisions.

I have fully read and understand this agreement. I am aware that by signing this agreement, I am waiving certain legal rights I or my heirs, next of kin, executors, administrators and assigns may have against the Released Party.

BY SIGNING BELOW, Participant accepts and agrees to the terms and provisions contained in this agreement.

Name of Participant _____ Age of Participant _____

Signature (If under 18, signature of parent or guardian)

Date