

West Coast Martial Arts & Studio Fit

Guest/ Punch Card Registration and Release

Name: _____

Date: _____

Address: _____

Phone: _____ E-Mail: _____

How did you hear about us? _____

Yes, I would like more information about: _____ Fitness _____ TBT _____ Martial Arts training
_____ Sports training _____ Tumbling, Gymnastics

WAIVER AND RELEASE OF LIABILITY

In consideration of being permitted to use West Coast Studio Fit, LLC, dba West Coast Martial Arts & Studio Fit's ("school's") services, facilities and equipment, buyer/student, on behalf of myself, personal representatives, heirs, executors, administrators, and assigns:

1. Acknowledge, agree and understand that fitness, sports, martial arts and gymnastic activities may involve vigorous exercise and strenuous exertion and contains the risk of injury such as, (but is not limited to) injuries arising from my or others use of exercise equipment and machines; injuries arising from my participation or others participation in supervised or unsupervised activities or programs within or without the school; injuries and medical disorders arising from exercising in the studio such as heart attacks, strokes, broken bones, torn muscles and ligaments among others; and accidental injuries occurring within the school facility or during activity conducted outside the facility.
2. I represent that I am in good physical condition and am physically fit to engage in school's activities.
3. I attest and verify that I have knowledge of the risks and dangers involved in physical activities and I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation in any of the studio's activities.
4. I have been advised that strict observance of the rules and regulations pertaining to martial arts training is mandated and includes the use of protective equipment. The studio does not warrant that the protective equipment will completely eliminate the possibility of accidents, injury or death.
5. Physical contact will be used by employees of the school, other students/members and authorized individuals as part of martial arts, gymnastic and sports training and other school activities. I have been advised of such facts and give full consent to physical contact as may be required or customary in martial arts, gymnastic and sports training or other school activities.
6. I agree and understand that the school shall not be liable for any injuries, damage or loss to me or my property and hereby release from all liability and I agree not to sue the school, its owners, successors, assigns, officers, agents, representatives, instructors and/or employees ("school and its personnel") for any and all present and future claims resulting from personal injury, death, property damage, loss or other claim resulting from any act or omission including active or passive ordinary negligence on the part of the school and its personnel, members, students or guests from the use of school's services within or without the facility, upon the use of school's facilities or equipment.
7. This waiver and release applies to this visit and any subsequent visit.

I HAVE READ AND UNDERSTAND THAT BY SIGNING THIS WAIVER AND RELEASE I AM GIVING UP LEGAL RIGHTS OR REMEDIES THAT OTHERWISE WOULD BE AVAILABLE TO ME. AGREEMENT IS FREELY AND VOLUNTARILY ENTERED INTO HEREIN.

Buyer/ student signature

Date

Parent/Guardian for the minor listed herein:

I HAVE READ THIS WAIVER AND RELEASE AND UNDERSTAND THAT BY SIGNING IT I AM GIVING UP LEGAL RIGHTS AND REMEDIES. I FREELY AND VOLUNTARILY SIGN THIS WAIVER AND RELEASE.

Name of child (ren): _____ Age (s) _____

Parent/Guardian Signature

Date