

To be completed by SMA: P / CC

Start Date: ___/___/___

Transform LLC, dba Skinner's Martial Arts and Supplies Application and Release for Classes

Student Name _____ DOB ___/___/___
Phone #'s _____

IF UNDER 18:

Parent/Guardian Name _____
Other Parent/Guardian _____
Street Address _____
City _____ State _____

Email _____

The **STUDENT** and **PARENT/GUARDIAN** (if applicable) warrants, represents, and acknowledges, that **TRANSFORM LLC DBA SKINNER'S MARTIAL ARTS AND SUPPLIES**, has fully informed him/her of the nature and risks involved in the sporting and athletic activities taught; that he/she is physically and mentally fit to participate in such activities; that he/she will not use the knowledge and skills acquired from **TRANSFORM LLC DBA SKINNER'S MARTIAL ARTS AND SUPPLIES IN ANYWAY BUT A DISCREET AND JUDICIOUS MANNER and for SELF DEFENSE ONLY**; that he/she will abide by the **RULES AND REGULATIONS** of **TRANSFORM LLC DBA SKINNER'S MARTIAL ARTS AND SUPPLIES**; that he/she assumes the risk of any and all **ACCIDENTS** and **INJURIES** of any kind sustained by him/her by reason of or in connection with said activities, and hereby **RELEASES DISCHARGES AND ABSOLVES TRANSFORM LLC DBA SKINNER'S MARTIAL ARTS AND SUPPLIES**, its agents, programs, facility owners and employees for and from any and **ALL LIABILITY** or **RESPONSIBILITY** for such **ACCIDENT** or **INJURIES**, whether the same are caused by or attributable to their negligence of any of them. I also authorize that **TRANSFORM LLC DBA SKINNER'S MARTIAL ARTS AND SUPPLIES** has the right to use all photographs or video taken of me or my child while participating in the **TRANSFORM LLC DBA SKINNER'S MARTIAL ARTS AND SUPPLIES** programs for advertising and promotional material. In the event of the contraction of any health condition (Corona Virus, Influenza, or other infectious disease or virus) I understand and agree that **TRANSFORM LLC DBA SKINNER'S MARTIAL ARTS AND SUPPLIES** will in no way be held liable for medical expenses or other expenses incurred by the student or family members. By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages (both economic and non-economic), and losses of any type, which may occur to me or my guest, and I hereby fully and forever release and discharge the company, its insurers, employees, officers, directors, and associates, from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out the use of said equipment and facilities.

AGREEMENT MADE THIS _____ DAY OF _____, 20_____

APPROVED AND AGREED TO:

X _____
Student Signature or Signature of Students Parent/Guardian if Under 18

MEDICAL INFORMATION

Physical Condition of Student (circle one)

Excellent Good Fair

Student's Physician

Name _____

Address _____

City _____ **State** _____

Phone _____

Do you have any impairment that would hinder you from participating in this class? No__Yes__

If yes, please explain:

Other Notes:

Miscellaneous Information:

Sex (circle one): Male Female

Are you or a family member a student of Three Rivers Martial Arts? No__Yes__ If yes, Name of 3Rs student _____ Relationship _____

Have you ever studied any type of martial arts? No__ Yes__ If yes, When _____ Where _____

In case of emergency, the Instructor has my permission to seek medical attention for me or my child listed above. I release Transform LLC dba Skinner's Martial Arts and Supplies and any instructors, and its agencies and principals from liability of injury resulting from participation in any class, competition or tournament related to this registration form.

X _____
Student Signature or Signature of Students Parent/Guardian if Under 18