

Rock Solid Martial Arts Contact Information

Student Information:

Name(s) _____ Age _____

Date of Birth ____/____/____ Sex: M F

Contact Information for Class Updates:

Email _____ Cell Phone (Text) _____

Where did you hear about us? _____

Emergency Contact:

Name _____ Relationship _____ Phone _____

Do you suffer from any medical conditions or ailments?

If yes please explain Yes _____ No _____

Waiver and Release Disclaimer:

Adult Student, Parent, or Guardian Information:

Name(s) _____

Address _____ City _____ Zip _____

E-mail _____ Phone _____

I, (we) the undersigned, do hereby voluntarily submit application for attendance and participation in classes and activities involved with study at Rock Solid Martial Arts and hereby assume full responsibility for any and all damages, injuries or loss that may be sustained or incurred while attending, participating, or traveling to and from the classes or activities conducted by Rock Solid Martial Arts. I (we) hereby indemnify and hold harmless any and all persons, corporations, and other students associated with Rock Solid Martial Arts and Rock Steady Boxing including but not limited to Jonathan Waterfall, Shiloh Grand Center LLC, all agents, employees, instructors or volunteers of the same, from any and all claims, damages, losses, or expenses arising out of or resulting from classes or activities or any action or inaction related thereto. I (we) waive all claims for injuries that may be sustained and fully understand that any medical treatment given will be of the first aid type only. I (we) further declare that the information is true and accurate and I am eligible to participate in the classes and activities offered. I (we) consent that any picture taken of me in connection with classes or activities can be used for publicity and other purposes, and compensation is waived in regard thereto.

Participant Signature

_____ Date _____

Parent's Signature (required if student is under 18 years of age)

_____ Date _____