

REGISTRATION

Please complete form and sign where noted.
Email completed form to jompikadmuaythaigym@gmail.com
OR print & submit form in person along with payment.

NAME _____ DATE OF BIRTH _____ TODAY'S DATE _____

ADDRESS _____ END DATE _____

PHONE _____ EMAIL _____ EMERGENCY CONTACT _____

CREDIT CARD INFORMATION (Select One) Visa MasterCard

CREDIT CARD NUMBER _____ EXPIRES _____ / _____

3-DIGIT SECURITY CODE _____ CARDHOLDER'S BILLING ZIP CODE _____

CARDHOLDER'S NAME (as shown on credit card): _____

MEMBER'S SIGNATURE: _____ DATE: _____

By signing this form, I authorize **Jompikad LLC** to automatically bill the card listed above, billing will end cycle after member provides written cancellation. Member agrees that after initial membership term, the membership will continue on frequency chosen until cancelled. \$25/mo. Freeze charge allowed after 3 mo., max 3 mo.

NOTIFICATION OF BUYERS RIGHT TO CANCEL

If you wish to cancel this contract, you may cancel by mailing a written notice by certified or registered mail to the address specified below. The notice must say that you do not wish to be bound by this contract and must be delivered or mailed before midnight of the third business day after you sign this contract. After you cancel, the health club may request the return of all contracts, membership cards and other documents of evidence of membership. The notice must be delivered or mailed to:

**Jompikad Muay Thai Gym
314 Westport Avenue
Norwalk, CT 06851**

You may also cancel this contract if you relocate your residence further than twenty-five miles from any health club operated by the seller or from any other substantially similar health club which would accept the obligation of the seller. This contract may also be cancelled if you die, or if the health club ceases operation at the location where you entered into this contract. If you become disabled, you shall have the option of (1) being relieved of liability for payment on that portion of the contract term for which you are disabled, or (2) extending the duration of the original contract at no cost to you for a period equal to the duration of the disability. You must prove such disability by a doctor's certificate, which certificate shall be enclosed with the written notice of disability sent to the health club. The health club may require that you be examined by another physician agreeable to you and the health club at its expense. If you cancel, the health club may keep or collect an amount equal to the fair market value of the services or use of facilities you have already received.

TO BEST OF YOUR KNOWLEDGE, YOU DO NOT HAVE ANY PHYSICAL LIMITATIONS THAT WOULD PREVENT YOU FROM PARTICIPATING IN THE HEALTH CLUB'S PROGRAM.

Member's Signature _____ Club Representative _____ Date _____

COMPLETE LIST OF MEMBERSHIPS AVAILABLE & PRICES

\$150 Monthly \$1500 Annually

LIST OF EQUIPMENT AND SERVICES

Equipment: Cardio, Muay Thai equipment
Services: Trainer-led Exercise

Release and Waiver of Liability and Indemnity Agreement

(Read carefully before signing)

In consideration of being permitted to participate in any way in the Martial Arts Program indicated below and/or being permitted to enter for any purpose any restricted area (herein defined as any area where in admittance to the general public is prohibited), the member, or parent/legal guardian if a minor, named below as participant agrees:

1. The member (or minor as instructed by parents) participant shall prior to participating in the below Martial Arts activity or event inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agree that, if at any time, I feel anything to be UNSAFE; I will immediately take all precautions to avoid the unsafe area and REFUSE TO PARTICIPATE further.
2. I/We fully understand and acknowledge that:
 - a. There are risks and dangers associated with participation in Martial Arts events and activities which could result in bodily injury, partial and/or total disability, paralysis and death.
 - b. The social and economic losses and/or damages, which could result from these risks and dangers described above could be severe.
 - c. These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but not limited to, the Releasees named below.
 - d. There may be other risks not known to us or are not reasonably foreseeable at this time.
3. I/We accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releasees named below.
4. I/We HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Martial Arts facility used by the participant, including its owners, managers, promoters, lessees of premises used to conduct the Martial Arts event or program, premises and event inspectors, underwriters, consultants and others who give recommendations, directions or instructions to engage in risk evaluation or loss control activities regarding the Martial Arts facility or events held at such facility and each of them, their directors, officers, agents, employees, all for the purpose herein referred to as "Releasee" ...From all liability to the undersigned, my/our personal representatives, assigns, executors, heirs and next of kin for any and all claims, demands, losses or damages and any claims or demands therefore on account of any injury, including but not limited to the death of the participant or damage to the property, arising out of or relating to the event(s) caused alleged to be caused in whole or in part by the negligence of the release or otherwise.
5. I/We HEREBY acknowledge that THE ACTIVITIES OF THE PROGRAM/EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that the INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASE BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
6. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waive, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.
7. On behalf of the participant and individually, the undersigned participants or partner(s) and/or legal guardians for the minor participants executes this Waiver and Release. If, despite the release, the participant makes a claim against any of the Releasees, the participant or the parent(s) and/or legal guardian(s) if minor will reimburse the Releasee for any money which they have paid to the participant, or on his behalf – and hold them harmless.
8. I/We hereby consent to use of my image (still, video, etc.) as it pertains to promoting the facility and acknowledge that said images are the sole property of the school and can be used at the school's discretion.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT AND INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Martial Arts School JOMPIKAD LLC aka JOMPIKAD MUAY THAI GYM

Member Name _____ Date _____

Member Signature (Parent or Guardian if minor) _____

For Jompikad Use Only:

Received By: _____ Date _____
 Registrar Signature Printed Name