



Membership Application - Pacific Northwest Martial Arts Academy

Students Name: _____ Age: _____ Date of birth: _____

Students Name: _____ Age: _____ Date of birth: _____

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Students Name: _____ Age: _____ Date of birth: _____

Parents Name(s) (If student(s) are 18 years and younger): _____

Mailing Address: _____

Phone: _____ E-Mail Address: _____

Emergency Contact (Name) _____ Phone: _____

I, The undersigned, (being of the age 18 or older, or signed by a parent or Legal Guardian if under the age 18 years) so hereby make application for classes at Pacific Northwest Martial Arts Academy and pledge to obey all rules and regulations which are set up for the purpose of keeping order in this school and for the protection of the students. I realize that Pacific Northwest Martial Arts is a full contact sport and that there is a risk of injury to either myself or to a fellow student both obvious and latent. Such injuries from direct physical contact can lead to crippling or even death. Such injuries can impair one's future ability to earn a living, to engage in business, social, recreational activities, and generally enjoy life. As such, I waive all claims against Pacific Northwest Martial arts Academy, all of its officers, instructors, employee's and agents, members and visiting guests from all responsibilities and all claims for injuries including negligence on their part that I may receive while participating in any school function, formal or informal. I also agree to indemnify and reimburse Pacific Northwest Martial Arts Academy for any damages caused by me, my family or friends.

_____ (applicant/Parent Initials)

If I am a minor, my parents or Guardian signature on this injury release form also binds them to this agreement. Also, in order for my child, a minor, to take part in and receive the advantages of tournaments, special training and clinics, or any other activity where participation involves travel. I am permitting him/her to make any and all trips included in the program of the school. Transportation might be provided at the discretion of Pacific Northwest Martial Arts Academy and falls under the assumption of risk as any other training program in the school. Thereby release Pacific Northwest Martial Arts Academy and waive all claims for any injuries or negligence of any kind arising from trips taken as here provided.

_____ (applicant /Parent Initial)

I also authorize Pacific Northwest Martial Arts Academy to secure the services of a physician or hospital if a parent or legal guardian is not available. By giving my authorization, I assume responsibilities for all decisions made. I agree to provide payment for any and all expenses for necessary service.

_____ (applicant /Parents Initial)

I am in good physical health, and do not have any serious illness or injury since my last health examination other than those noted

_____ (applicant /Parents Initial)

I have read the above warning which is incorporated herein by reference and I understand what participation in Pacific Northwest Martial Arts Academy involves. I assume full responsibility and understand the above terms and do by hereby agree to accept them while actively training and even during periods of in activity. I also agree to abide by all rules and regulations of Pacific Northwest Martial Arts Academy & understand that failing to act in accordance with the rules may result in expulsion from Pacific Northwest Martial Arts Academy.

Signed: _____

Date: _____

Parent/Guardian (student(s) 18 years and younger): _____

Date: _____