

NEW STUDENT WAIVER



ENTERED

SCANNED

UPLOADED

STUDENT INFORMATION: (please write legibly)

Student 1 Name: _____ Male/ Female Date of Birth: _____

Student 2 Name: _____ Male/ Female Date of Birth: _____

Student 3 Name: _____ Male/ Female Date of Birth: _____

(Under 18) Parent/Gaurdian Names: _____

Cell Phone: _____ OK to Text? Additional Phone: _____

Address: _____ City/State/ZIP: _____

Email Address: _____

Emergency Contact: _____ Relationship: _____ Cell: _____

How you heard about us: _____

Circle the main benefit(s) you are looking to get out of Martial Arts:

Confidence Discipline Focus Fitness Manners Respect Social Self-Defense Other _____

Do you have any allergies, physical limitations, medications or medical conditions of which the studio should be aware of with regard to your safety while training or the safety of others? If these limitations may affect your training or the training of others, you are responsible for making the class instructor aware of them.

No ___ Yes ___ If yes, please explain: _____

Are there any other issues that we need to be aware of in order to better work with you or your child? This will remain private between you and the instructor team/staff.

No ___ Yes ___ If yes, please explain: _____

Who, if anyone else, will be involved in transportation and/or tuition? _____

1. I agree that before using the mat or any workout equipment at the studio I will inspect the facilities and equipment I use, and if I believe anything is unsafe, I will immediately advise the instructor present and will refuse to participate in further training. This includes training at home, with or without guidance of any instructor or instruction of Active Martial Arts in person, from any other venue or virtually via any form of electronics.
2. I fully understand that: A) There are risks and dangers associated with martial arts training including but not limited to bodily injury, communicable diseases, partial or total disability, paralysis and death. In accordance with the law, Active Martial Arts does not exclude individuals with medical conditions that do not pose a medically recognized threat to the health and safety of other students in the normal course of training. I understand that there are some unavoidable circumstances where these conditions may require special caution on my part to minimize risk to myself and others and I acknowledge that it is my responsibility to act accordingly. B) There are social and economic losses and damages, which could result from those risks and dangers, described above which could be severe. C) These risks and dangers may be caused by my negligence, the negligence of my training partner, the negligence of others around me who are training and doing any other activity, or by the negligence of Active Martial Arts or other agents and/or instructors. D) There may be other risks not known or foreseeable at this time, which could arise.
3. I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISKS OF DEATH, ILLNESS OR INJURY SUSTAINED WHILE PARTICIPATING IN OR OBSERVING, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES DESCRIBED BELOW (not including gross negligence or wrongdoing).
4. I release Active Martial Arts, agents, instructors, employees, shareholders and all individuals associated with Active Martial Arts from any and all liability, claims, demands or actions whatsoever arising out of the damage, loss or injury to me while upon the Active Martial Arts premises or while participating in training or any activities contemplated by this agreement, whether such loss, damage or injury results from negligence or otherwise, but not including gross negligence or intentional wrongdoing.
5. I agree the I WILL NOT SUE OR MAKE CLAIM AGAINST the released parties as the result of my participation at Active Martial Arts or at any other location training may take place.
6. I understand that occasionally photographs, videos or other images are taken of participants and observers of classes and activities held by Active Martial Arts. I hereby give release and consent to use such media by Active Martial Arts for advertising, promotional and business purposes without compensation.
7. In signing this assumption of risk I am stating that I know what I am doing, that I take full responsibility for my own acts, that I have read carefully and understand this agreement and that I fully agree with each statement contained in this agreement and that I am responsible for myself and will be considerate of others. I am aware I can have this agreement reviewed by legal counsel.
8. I understand that Active Martial Arts is not a Mixed Martial Arts Gym or a "fight club". I will be expected to conduct myself with high ethical standards becoming of a martial artist. I understand that any misconduct could result in the following sanctions: a warning, dismissal from class, suspension from training for a specific time period or expulsion from Active Martial Arts.
9. I understand that Active Martial Arts has absolute discretion on whether my uniform and/or equipment are acceptable to wear or use in the school. My uniform must also be kept clean at all times. I will also maintain good personal hygiene.

I have read, understood and will comply with each and every part of this Policy.

Student's Signature: _____ Date: _____

In consideration of _____ (print minors name) ("Minor") being permitted by Active Martial Arts to participate in its activities and use of facilities, I agree to indemnify and hold harmless Active Martial Arts from any and all claims which are brought on by, or on behalf of Minor and which are in any way connected with such use and participation by Minor.

Signature of Parent/Guardian: _____ Date: _____

Print Name of Parent/Guardian: _____

REGISTRATION: (pick a program and initial the first line)

We want to stay focused on what we do best- teaching martial arts- not paperwork and accounting. We automate *everything* for efficiency and to make it easy. We fill out paperwork *once*, so we never have to deal with it again. Our tuition is either automatically drafted each month on the date you choose, or paid in full for a discount. No exceptions. We value good communication and there are no surprises in our program. We are going to explain *everything* now and give you a copy.

Current Trial Special (unlimited classes*)

_____ 1 month of unlimited training + t-shirt for \$99 + tax

Upon completion of the Trial Special, I will be automatically enrolled into one of the following programs listed above *unless* I give notice to Active Martial Arts in advance that I will not be continuing with training after the trial period. Active Martial Arts will send a courtesy reminder email the week before reminding me of the expiration, but it's my responsibility to contact Active Martial Arts before the trial ends if I don't want to continue.

Please choose a program below:

Basic Track (Train 2 days p/week)

_____ \$179.99/month, 60-day written cancellation notice

Basic Track - 2nd Family Member (train 2 days p/week)

_____ \$149.99/month, 60-day written cancellation notice

Basic Track - 3rd Family Member (train 2 days p/week)

_____ \$119.99/month, 60-day written cancellation notice

Leadership Track (train 3 days p/week + weekly A.L.T. class)

_____ \$209.99/month, 90-day written cancellation notice

Leadership Track - 2nd Family member (train 3 days p/week + weekly A.L.T. class)

_____ \$179.99/month, 90-day written cancellation notice

Leadership Track - 3rd Family member (train 3 days p/week + weekly A.L.T. class)

_____ \$149.99/month, 90-day written cancellation notice

4th Family member trains FREE!

*** All prices subject to State sales tax ***

Pay in full for 1 year and get 1 month Free!

Pay in full for 2 years and get 3 months Free!

Pay in full for 3 years and get 6 months Free!

Testing Fees -

1st Family Member - \$60 _____

2nd Family Member - \$50 _____

3rd Family Member - \$40 _____

4th Family Member - Free

*Pay Annually for a discount

We also have "All Inclusive" packages available at Bronze (1 year) , silver (2 years) & Gold (3 years) levels. Just ask Mr. Kyle Sr.

1. Cancellation - Memberships may be canceled by simply filling out our cancellation form at the front desk (in person) and 60 days from the written notice your payments will cease (90 Days for Leadership Track). You are encouraged to continue training during the 60/90 day period. Afterwards, your membership is canceled and no longer active.

2. Tuition rates never increase as long as your membership remains active- If you cancel membership and wish to renew you will renew at the current tuition rate.

3. Schedule Changes -Active Martial Arts reserves the right to alter the days, hours of operation, and classes if deemed necessary.

4. Attendance Interruptions - If a student is unable to attend classes for a period of over 30 days, and gives prior written notice, the student will be eligible to attend 2 special makeup lessons per 30 days. Attendance interruptions of less than 30 days are not accepted. Payments will NOT be frozen for any reason.

AUTOMATIC BILLING AUTHORIZATION:

Name: _____

I agree to monthly installment payments of \$ _____ starting on _____ and continuing on a month-to-month basis until I give my 60 day cancellation notice in writing for basic membership or 90 day cancellation notice in writing for Leadership Track. I understand from the day I cancel, I will be billed 2 full months of tuition for basic membership or 3 full months of tuition for Leadership Track regardless if I choose to train or not. Active Martial Arts encourages you to continue your training through your cancellation period. I authorize Active Martial Arts to automatically bill me as specified below:

Sign _____

Checking account (Please provide a voided check):

Routing Number (9 digit code): _____

Account Number (exclude check number): _____

Bank Name: _____

Name on Check: _____

Account Holders Signature: _____ Date: _____

Credit/Debit Card (circle one): Visa / Mastercard / Discover

Card Number: _____ - _____ - _____ - _____ Expiration Date ____/____

CVC Code (3 digit code on back of card) _____ Billing ZIP Code _____

Card Holders Signature: _____ Date: _____

Name on card: _____