



MEMBERSHIP FORM

PLEASE PRINT

1. Child's Name: _____ Date of Birth: _____
2. Parent's Name(s): _____
3. Tel No: Work _____ Home _____ Cellular _____
4. E-Mail Address: _____
5. Does the child have any health issues that may prevent them from participating in strenuous exercise?

RELEASE INDEMNITY

I, intending to be legally bound hereby and as a condition of membership in Jiketsu Martial Productions, hereinafter referred to as JMP; do hereby release JMP, the members, instructors and representatives thereof, from any and all claims, liabilities, obligations, causes of action or demands that I or my administrators, executors, heirs or assigns may at any and all times hereafter have or obtain, due to or as a result of, any personal injury or bodily harm sustained or suffered by me or my child during, arising out of or as a result of the Martial Arts, Self Defense and Fitness Programs conducted or carried on by or for JMP, either by itself or with others, or in, or occurring while I am on any premises or property occupied or used by JMP.

I further, intending to be legally bound hereby and as a condition of my memberships do agree to indemnify and save harmless JMP, its members, instructors, and representatives from any act committed or omitted by me during or arising out of or as a result of any activity of exercise or sport carried on or participated in by JMP, by itself or with others, or occurring on any premises of property occupied or used by JMP.

I further release JMP, its members, instructors and representatives from all claims of liability of any property or valuable lost, mislaid or stolen.

I sign this fully realizing that my participation or engagement in the activities of JMP may subject me or my child to personal injury or bodily harm. I further have read the foregoing and fully understand the contents of this release indemnity.

I agree to the policies, terms and conditions of the above named company, which are subject to change on notification from the corporate office. I agree that all agency charges, legal costs and other expenses incurred by the above named company in attempting to recover overdue amounts will be charged to my account. I give permission to the above named company to obtain information from any source to verify any statements made in this application.

SIGN: _____

APPROVAL AND ACCETPANCE BY PARENTS OR GUARDIAN

The undersigned, the parents or legal guardian of _____ have read the foregoing, understand the same and do hereby accept and agree to the terms, conditions and provisions of the foregoing Release indemnity on behalf of ourselves and the said minor, intending to be legally bound hereby.

SIGNATURE: _____

DATE: _____

SIGNATURE: _____

DATE: _____

