

ACADEMY OF MARTAL ARTS & FITNESS

10101 Newell Hickory Grove Road, Charlotte, NC 28213
704-494-0800

Student First Name	Last Name	Age	DOB (mm/dd/yyyy)
Student First Name	Last Name	Age	DOB (mm/dd/yyyy)

Person Financially Responsible:

First Name	Last Name	Age	DOB (mm/dd/yyyy)
Mailing Address		City	State
Cell Phone			
Work Phone			
Home E-mail			
Work E-mail			

- \$9.00 per class, 9 class maximum trial
- \$59.00 monthly = 1-class weekly
- \$89.00 monthly = Unlimited Classes
- 10% Family Discount, does not include \$9 classes

1	2	3
4	Uniform Required	6
7	8	9

I authorize the automatic draft of the above checked payment starting on ____/____/____(mm/5, 10, 15, 20, or 25th/yyyy) to continue each month for a minimum of 6-months and then continue at the above rate on a month-to-month commitment until canceled in writing 30-days prior to the next draft.

VISA _____ - _____ - _____ - _____ exp ____ / ____

Name as it appears on card _____

Responsible Signature _____ **Date** _____

Academy of Martial Arts & Fitness

Release and Assumption of Risk Agreement

[Read carefully before signing]

I, _____ (Guardian of _____ or participant if older than 17), hereby acknowledge that I have voluntarily applied to participate in a certain martial arts class or classes and to participate in certain other activities, including aerobic classes and After school care and summer camp (collectively, such activities being herein collectively referred to as the “Activities”), offered by the Academy of Martial Arts & Fitness, Inc. (the “Sponsor”).

I understand that the Activities do involve certain risks and dangers. I am fully cognizant of such risks and dangers associated with the Activities. I and my family, including any minor children, are fully capable of participating in the Activities and I willingly assume the risk of injury as my responsibility.

I understand and agree that any bodily injury or death suffered as a result of my negligence or the negligence of any member of my family participating in the Activities are my full responsibility.

In consideration of and as a part payment for the right to participate in the Activities offered by the Sponsor, I agree that I and my family are in good health with no physical defects that might be injurious to us and that I and my family are able to handle the risks and dangers associated with the Activities.

As lawful consideration for being permitted by the Sponsor to participate in the Activities, I release from any legal liability the Academy of martial Arts & Fitness, Inc. And all of its officers, directors, shareholders, employees, agents and their respective heirs, successors and/or assigns from any and all injury or death caused by or resulting from my participation in the Activities provided by the Sponsor, whether or not such injury or death was caused by their negligence or any other cause.

I further agree not to sue, claim against or in anyway attach the property of the Sponsor, its owners, officers, directors, shareholders, employees, agents and their respective heirs, successors and/or assigns thereof for any injury or death caused by or resulting from my participation in the Activities.

I agree to defend, indemnify and hold harmless the Sponsor and its officers, directors, shareholders, employees, agents and their respective heirs, successors and/or assigns for any injury or death caused by or resulting from my or my family’s participation in the Activities.

This Contract shall be legally binding upon me, my heirs, my estate, assigns, legal guardians and my personal representatives.

I have carefully read this Agreement and fully understand its contents. I am aware that I am releasing certain legal rights that I may otherwise have and I enter into this Contract on behalf of myself and/or my family of my own free will.

THIS IS A RELEASE OF LIABILITY. DO NOT SIGN THIS DOCUMENT IF YOU DO NOT UNDERSTAND IT OR DO NOT AGREE WITH ITS TERMS.

_____ Date: _____
Participant’s Signature

_____ Date: _____
Parent or Guardian if Participant is under age 18

_____ Date: _____
Parent or Guardian if Participant is under age 18