



BEND MARTIAL ARTS CLUB GUEST STUDENT REGISTRATION FORM

Guest Name: _____ Date of Birth: _____ Male__Female__

Address: _____ City: _____ Zip: _____

Occupation: _____ Employed By: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Email address: _____

Parent or Guardian Name(s): _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Special Health Considerations? _____

How did you hear about the Bend Martial Arts Center?

Phone Book _____ Driving By _____ Friend/Current Member _____ Demo _____ Web _____

Other _____

PLEASE READ CAREFULLY

I realize that the martial arts in general are strenuous physical and mental activities. Accidents and physical injuries to student are possible and may occur. Student expressly agrees to assume the hazard and risk thereof, and hereby releases, indemnifies, and holds harmless the Club, its instructors, officers, employees, successors and/or assignees, and all other students of the Club from any and all responsibility for injury, including death, loss or damage, financial or otherwise, arising out of the performance of any other martial arts or exercise, including the negligence of the Club and its instructors, officers, employees, successors and/or assignees, except gross negligence or willful misconduct.

I HAVE READ AND UNDERSTAND ALL OF THE TERMS ABOVE AND AGREE TO BE BOUND BY THEM.

Guest Signature

Date

Parent/Guardian (if under 18)

Date