



Application for Membership

Agreement form

Student's name _____ Age _____ DOB _____

Parent's name _____

Address _____ City/State _____ Zip Code _____

Email Address _____

Home Phone () _____ Work Phone () _____

How did you hear about *Blue Life Karate Centers*?

Referred by _____ Ad _____ Other _____

Have you ever studied any type of martial arts?

No ___ Yes ___ If yes, When _____ Where? _____

Do you have any impairment that would hinder you from participating in this class? No ___ Yes ___ If Yes, Please explain. _____

Participant Release of Liability

As a student, guest or recreational user of the Blue Life Karate Centers (hereinafter referred to as the "CENTER") in Maplewood, New Jersey, and in consideration of being allowed to participate in any way in the CENTER's programs, classes, related events and activities

I, _____, PARTICIPANT understand the risk of injury from the activities and programs provided in CENTER is significant. I also authorize that CENTER has the right to use all photographs or video taken of me or my child while participating in CENTER programs for advertising and promotional material.

- 1) The risk of injury includes, but is not limited to, minor injury, such as abrasions and bruises, and more serious injury, such as broken bones, muscle pulls and dislocations. The risk of injury also includes catastrophic injury such as permanent paralysis or death; and, PARTICIPANT willingly agrees to comply with the rules and regulations of CENTER and agrees to wear all required protective equipment at all times when engaging in activities at CENTER; and, PARTICIPANT willingly acknowledges that CENTER management may suspend or revoke PARTICIPANT'S membership and/or permission to utilize CENTER in the event that PARTICIPANT fails to comply with any CENTER Rules and Regulations or otherwise participates in an unsafe manner which increases the risk of injury to PARTICIPANT or others; and, PARTICIPANT KNOWINGLY AND FREELY ASSUMES ALL SUCH RISKS AND REQUIREMENTS, BOTH KNOWN AND UNKNOWN

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

SIGNATURE (if member is under 18, the Parent/Guardian signature)
DATE SIGNED _____

EMERGENCY PHONE NUMBER