

This form must be completed and returned to CTC Martial Arts before the student may participate in the "Martial Arts" class. Please fax or email to f972-939-1445/marta@ctcmartialarts.com. Thanks!

2018 CTC MARTIAL ARTS- SUMMER SCHOOL MARTIAL ARTS WAIVER

STUDENT INFORMATION:

NAME: _____ HOME PHONE: _____
ADDRESS: _____ WORK PHONE: _____
CITY: _____ CELL PHONE: _____
ZIP CODE: _____ BIRTHDAY: _____
E-MAIL: _____

Have you taken martial arts before? Yes No

If yes, when was the last time? _____ Where? _____

What type? _____ For how long? _____

What other activities are you currently involved in? _____

Do you have any health conditions or injuries we need to be aware of? Please explain:

Who is the primary contact in case of an emergency?

Name: _____ Phone: _____

ACKNOWLEDGEMENT AND RELEASE FORM

I, the applicant, on behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby forever release, discharge and hold harmless CTC Martial Arts, representatives and agents for any injury, loss or damage to my person or property howsoever caused, arising out of or in connection with my taking part in Martial Art Classes, Self Defense Seminars and activities and notwithstanding that the same may have been contributed to or occasioned by the negligence of CTC Martial Arts, representatives or agents. Please note: Participants must supply their own protective equipment.

The undersigned acknowledges that:

1. He/She is desirous of using, as a member on a membership basis, the Martial Arts School herein referred to as "CTC MARTIAL ARTS or CTC".
2. He/She has received a completely executed copy of this agreement.
3. He/She confirms that there were no verbal presentations other than those specified in this agreement.
4. He/She may be photographed or filmed while attending at the premises of CTC Martial Arts and he/she gives permission to CTC, and any affiliates to use any and all photos, video footage, and/or video streaming for promotional, sales, publicity, and advertising purposes for all media including internet.
5. The waiver was read and he/she agrees to abide by it.

CTC Representative

Student Name

Date

Parent/Guardian Signature

Send completed form to:

CTC MARTIAL ARTS 4116 Province Dr., Carrollton, Texas 75007 Fax 972-939-1445

If you have questions, please call CTC Martial Arts at 972-446-2787 or 214-803-3373