

STUDENT NAME:	AGE: BIRTHDAY:/
PARENT NAME(S) (if student is a minor):	_
Address:	
City:	STATE: ZIP CODE:
TELEPHONE (HOME):	E-MAIL ADDRESS:
WORKPLACE:	TELEPHONE:
EMERGENCY CONTACT:	
SIGNATURE	DATE
PRINT NAME	RELATIONSHIP (IF OTHER THAN SELF)
	RELEASE OF LIABILITY
CALLED USAMATC, to use the facilities an hereby agrees that while upon the premises USAMATC or at any other locations for the purshall be occupied and used at the sole risk a USAMATC, its agents, and sponsoring organikind or description resulting from being there of the undersigned further agrees to indemnify a directors, and members from and against any at the undersigned while upon the premises of USAMATC or any other location for the purpohowever caused and injury or loss caused by the agreement of the purpohowever caused and injury or loss caused by the agreement of the purpohometer of the purpo	the USA MARTIAL ARTS TRAINING CENTER LLC, HEREINAFTER and of the execution by others of agreements similar hereto, the undersigned of USAMATC or while using its facilities or equipment, whether at the prose of practice or of demonstration, said premises, facilities, and equipment and responsibility of the undersigned, and the undersigned hereby releases izations from any and all claims for personal injury, damage, or loss of any on or from such use or from the acts of any persons thereon.  And hold harmless USAMATC and each of its instructors, teachers, officers, and all claims made or instituted against it or them, arising out of the acts of USAMATC or while using any of its facilities or equipment, whether at use of practice or of demonstration, including injury or loss to the undersigned are undersigned to any other person.  I HAVE READ AND UNDERSTAND THIS AGREEMENT IN ITS OREGARDING IT HAVE BEEN FULLY ANSWERED.  DATE
For Minor Students	
PARENT SIGNATURE	DATE