

# Athlima Fitness

## MMA Fit Challenge 2017

☐ YES! I want to take advantage of the Athlima Fitness MMA Fit Challenge Program and competition for 198.00 Includes boot camp the nutrition program the in home fitness program, weekly body composition testing, online videos, text support and Tournament entry fee Totaling 910.00 you only pay 99.00 - 198.00!

☐ YES! Boot camp add on for **existing clients** only I want to take advantage of the Athlima Fitness MMA Fit Challenge Program and competition for only 1 payments of \$99.00!

Division Entry for the MMA Fit competition    MALE ☐                      FEMALE ☐                      14 plus TEEN ☐

NAME IN FULL: \_\_\_\_\_

CELL #: \_\_\_\_\_ HOME # \_\_\_\_\_ EMERGENCY \_\_\_\_\_

E-mail \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

Martial Arts Experience Time in MMA boot camp or other fitness program: \_\_\_\_\_ Belt \_\_\_\_\_

### STATEMENT OF WAIVER:

I hereby release Athlima fitness, Global Vitamins INC and Yoon's Martial arts school, its instructors; and all other employees contractors and affiliated members of responsibility, and agree to waive claims against any person partaking in Athlima MMA Fit Challenge and competition, for any injuries or damage which I may incur traveling to attend, competing in, practicing for, or returning from the event. I have carefully read the agreement above and fully understand its contents. I am aware that this agreement is a release of liability and responsibility between myself (students and, or Parents/guardian) and Yoon's Martial Arts School, Athlima fitness, Global Vitamins INC, its instructors; and all other employees, contractors and or affiliated members. I the student and or parent/guardian voluntarily agree to each of the terms and provisions thereof and sign this agreement on my own free will.

SIGNATURE OF CONTESTANT: \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_

WITNESS: \_\_\_\_\_

DATE: \_\_\_\_\_ 2017

[Pay online](#)

**I'm In! Sign Me Up!**

**Please fill out the above form and email it back to [athlimafitness@gmail.com](mailto:athlimafitness@gmail.com) if paying online**

**THIS FORM MUST BE COMPLETED AND RETURNED ASAP:**

**PAYMENT AUTHORIZATION:** I, \_\_\_\_\_ hereby authorize

Athlima fitness to charge to my credit card

Name on Card \_\_\_\_\_

# \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Card Type: ☐ MASTERCARD    ☐ VISA    ☐ Cash    ☐ Cheque

Any and all payments due to Athlima Fitness as indicated above. Will show up on your credit card as Global vitamins, Athlima fitness is a trade name operation under Global vitamins INC,

X \_\_\_\_\_