

# MP USA Program Info and Waiver

Student Name:	Home Phone:
Address:	Office Phone:
City:	Other Phone:
Zip Code:	Email:
Occupation:	Birthday:
How did you hear about us?:	

If student is under age 19, please provide complete information below:

Parent/Guardian Name:	Contact 1 Name:
Home Phone:	Other Phone:

Have you/your child ever done Martial Arts before?  Yes  No

If yes, When was the last time? \_\_\_\_\_ Where? \_\_\_\_\_ For how long? \_\_\_\_\_

What other activities are you/they currently involved in? \_\_\_\_\_

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

Why do you want to learn Martial Arts? Please select up to three reasons below:

- Self Defense   
  Self Confidence   
  Fitness   
  To compete   
  Social Activity  
 Reduce Stress   
  Self Discipline   
  Fun   
  To learn Martial Arts

Other, please explain: \_\_\_\_\_

How did you hear about MP USA? \_\_\_\_\_ If someone referred you, please list their name \_\_\_\_\_



## 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 MP USA, Inc., 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 MP USA, representatives or agents.

The undersigned acknowledges that:

1. He/She is desirous of using, as a member on a membership basis, the martial arts academy herein referred to as MP USA.
2. He/She confirms that there were no verbal presentations other than those specified in this agreement.
3. He/She may be photographed or filmed while attending at the premises of MP USA and he/she gives permission to MP USA and all their 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.
4. The waiver was read and he/she agrees to abide by it.

\_\_\_\_\_ MP USA Representative

\_\_\_\_\_ Student Name

\_\_\_\_\_ Date

\_\_\_\_\_ Parent/Guardian Signature (if participant is under 19 years of age)

***For office use only:***

Tuition paid by:  Cash     Check     CC    Amt. Pd. \$ \_\_\_\_\_     Appointment scheduled

Entered in PM     Entered by: \_\_\_\_\_