

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 I understand that I (to include the student this waiver is for) may be photographed or filmed while attending at the premises of MP USA or during MP USA activities and I give irrevocable and unrestricted right to MP USA, Inc. and all their affiliates to use any and all photos and video footage in any manner and medium; and to alter the same without restriction. I hereby release all claims and liability relating to said photographs/video.
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: _____