

Sooke Martial Arts Association



REGISTRATION FORM

DATE			
NAME			
ADDRESS			
PHONE			
EMAIL			
BIRTHDATE			
BELT LEVEL		AGE	

In consideration of the application being accepted by the Sooke Martial Arts Association (SMAA), the applicant agrees hereby to the following:

1. The applicant will at all times obey any rules set forth by the SMAA while they are on the premise or partaking in a SMAA event.
2. The applicant has read the rules and regulations provided that they are expected to adhere to.
3. Attendance of any classes included in the course is the sole responsibility of the applicant.
4. Due to the nature of the sport, the applicant for themselves, their heirs, executors, administrators and assignees, hereby releases and forever discharges the SMAA and all others participating in or in connection with Martial Arts training or competition wherever organized and executed of and for all manners or actions, causes of action, claims or demands which against the SMAA, they ever had, now has or can, shall or may have for or for any reason of entering the SMAA Dojo or in respect of any loss of money, equipment used by the applicant during the term of their course.

PHOTO RELEASE

The applicant agrees to have their picture taken in SMAA activities and events. The SMAA has the right to use the applicant's photograph in social media, print, advertisement, and marketing material.

Circle: YES NO

Signature of Applicant or
Guardian _____

Date: _____

In the case where the applicant is under 19 years of age; In consideration of the SMAA accepting the application, I, the parent/guardian of the applicant have carefully read this document, fully understand its contents, and sign voluntarily. I agree to indemnify and hold the Sooke Martial Arts Association and its agents, employees, volunteers, and directors harmless for any liability arising out of claims which may arise from my child's participation in Martial Arts training and activities.

Signature of Parent/Guardian _____ Date: _____