

MIZUKAN DOJO

Otomi Martial Arts

303.766.0217 • info@mizukan.org • <http://www.mizukan.org/>

MEMBERSHIP APPLICATION AND AGREEMENT FORM

Please read carefully and print legibly

Name in full: Mr./Ms./Mrs: _____

Home address: _____

Home Phone:(____)_____ Cell/Business Phone:(____)_____

Birth date: _____ Email: _____

Height: _____ Weight: _____ Do you have any medical issues, disabilities or physical handicaps?
_____ Yes _____ No if so, explain _____

Have you ever been convicted of a criminal offense other than a traffic infraction/violation?

_____ Yes _____ No if so, explain _____

If I am accepted, I will not misuse the name of the Mizukan Dojo or Otomi Martial Arts (hereinafter the "School") and/or its instructors, servants, agents, or employees, nor the knowledge attained through training, but will devote my time and effort to be mentally and physically fit. I am also aware of the rules and guidelines of the School, which I have signed and which are incorporated herein by reference, and agree to abide by them. I further understand the School reserves the right to suspend or expel me from class if my conduct or actions are considered undesirable.

I agree to make timely payments for training with the School and for receiving instruction. Such payments are payable on a monthly basis and shall be due on or before the first class I attend each month. All payments shall be according to the schedule then in effect. The payment schedule may be changed upon 1 (one) calendar month's written notice. All payments are fully earned upon receipt and I understand there are no refunds, regardless of my attendance, if classes are being held during the paid time period. I may discontinue my membership [at any time] and owe no further obligations to the School.

I hereby release the School (including, but not limited to instructors, members, and guests) and all agents, servants, independent contractors, and/or employees of said organization(s) from any losses, injuries, liabilities, or damage of any kind whatsoever, including, but not limited to, court costs and attorney's fees, arising out of the use of facilities or services provided by the School in connection

MIZUKAN DOJO WAIVER

therewith or while engaged in any other activity of the School and I agree to accept full responsibility and assume all risks of injury and/or death involved. I warrant and guarantee that I currently have and will maintain health insurance which coverage shall extend to any injuries sustained while participating in the subject matter of this agreement. My heirs, executors, administrators, successors, and assigns are intended to be bound by the terms of this agreement. I further warrant and represent I have had an opportunity to observe the activities of the School understand the risks associated with the activities and voluntarily assume the risks associated with my participation in those activities.

I certify that I fully understand and voluntarily consent to the terms and conditions of this agreement and I fully certify the information provided is accurate and correct and that I will promptly provide written notice of any changes.

Signature of Applicant: _____ Date: _____

If Applicant is under age 18 (eighteen) on this day, he/she must obtain parent or legal guardian approval. I, the undersigned, clearly understand the conditions in sponsoring Applicants moral, physical, and financial capability, and, acknowledge the terms and conditions as set forth in this Membership Application and Agreement shall apply to the minor whose participation I am approving and consenting to.

Parent or Legal Guardian: _____ Date: _____