



3 MONTH PRO-WRESTLING COURSE APPLICATION FORM

FIRST NAME

LAST NAME

EMAIL

PHONE (INCLUDE INTERNATIONAL CODE)

HOME ADDRESS

TRAINING EXPERIENCE (PLEASE CHECK THE APPROPRIATE BOX)

I have previous wrestling training

I have previous martial arts training

I am trained in another sport

I have no wrestling/sport experience

HEALTH & SAFETY (CHECK AS MANY BOXES THAT APPLY TO YOU)

I have been told I should not participate in exercise

I have heart issues

I experience pain in my chest during intensive exercise

I experience dizziness or loss of balance

I have past or existing injuries that may affect my training

Other

TELL US ABOUT YOURSELF

By submitting this form I hereby declare that I am physically fit and able to participate in dojo classes. I further declare that in the event of contracting or suspecting any illness or injury I will cease to participate. I waive any claims against Fale Dojo Cym if I suffer any injury, harm or death as a result of participating in any Fale Dojo class.



WAIVER, RELEASE & PAYMENT FORM

You (each client, guest, and all participating family members) agree that if you engage in any physical exercise or activity, or use any gym amenity on the premises of off the premises of the Fale Dojo, including any sponsored gym event, you do so entirely at your own risk. Any recommendation for changes in diet, including the use of food supplements, weight reduction, and/or body building enhancement products are entirely your responsibility, and you should consult a physician prior to undergoing any dietary or food supplement changes. You agree that you are voluntarily participating in these activities and use of the Fale Dojo facilities and premises and assume all risks of injury, illness or death. The Fale Dojo is also not responsible for any loss of your personal property.

This waiver and release of liability includes, without limitation, all injuries which may occur as a result of: **1)** your use of all amenities and equipment in the facility and your participation in any activity, class program, personal training or instruction; **2)** the sudden and unforeseen malfunctioning of any equipment; **3)** our instruction, training, supervision, or dietary recommendations; and **4)** your slipping and/or falling while in the building, or on the premises, including adjacent sidewalks and parking areas.

You acknowledge that you have carefully read this Waiver, Release and Payment for and fully understand that it is a release of liability. You expressly agree to release and discharge the trainers and facility of the Fale Dojo and all affiliates, employees, agents, representatives from any, and all claims or causes of action and you agree to voluntarily give up or waive any right that you may otherwise have to bring legal action against the Fale Dojo for personal injury, property damage or otherwise.

If enrolling/committing/partaking in the 3 Month Dojo Course, you agree that the deposit payment is non-refundable and is a fixed-fee to be paid upon enrolment before the services of the Fale Dojo are provided. This fee arrangement is to protect the Fale Dojo from any 'change of mind' from the customer. The non-refundable deposit is as an extra layer of protection from any sudden cancellation of services and also an expression of absolute commitment on your part. You also understand that your overall payment does not include accommodation costs (which are separate).

Along with acknowledging and understanding that your initial deposit is non-refundable, you also acknowledge understand that any and all payment types (deposits, lump-sum payments, any and all fees) are non-refundable.

To the extent that statute or case law does not prohibit release for negligence, this release is also for the negligence on the part of the facility and trainers of the Fale Dojo.

If any portion of this Waiver, Release and Payment form shall be deemed by a court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full-force and effect, and the offending provisions severed here from.

By signing this Waiver, Release and Payment form, I acknowledge that I understand the contents and that this release cannot be modified orally. I also understand that without signing this document, I am unable to partake in any of the training activities of the Fale Dojo.

SIGNED (OR PARENT/LEGAL GUARDIAN): _____

PRINTED NAME: _____

DATE: _____