



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 Gym if I suffer any injury, harm or death as a result of participating in any Fale Dojo class.



WAIVER & RELEASE 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 or off premises, 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 these facilities and premises and assume all risks of injury, illness, or death. We are 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 and release" and fully understand that it is a release of liability. You expressly agree to release and discharge the trainers, training facility, and all affiliates, employees, agents, representatives, successors, or assigns, 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 a legal action against them for personal injury or property damage.

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

If any portion of this release from liability 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 provision of provisions severed here from.

By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally. I also understand that without signing this document, I am unable to take part in the training activities.

SIGNED (or parent/guardian Signature): _____

PRINTED NAME: _____

DATED: ____/____/____