Lake Travis Jiu-Jitsu Club Enrollment Application and Waiver of Liability _____ Male: ____ Female: ____ #1 Student Name: Age: _____ Date of Birth: _____ ______ ______Male: _____ Female: _____ #2 Student Name: ____ Age: _____ Date of Birth: _____ Address: _____ Zip: ______ City & State: Email Address: _____ Phone: _____ Emergency Contact: Do you have any previous martial arts experience? If so, please describe: MEDICAL INFORMATION List any types of medication being taken or conditions (ex. asthma, irregular heartbeat etc.) that would affect students health while participating in class: PARENT/GUARDIAN INFORMATION (FOR STUDENTS UNDER 18) **POLICIES** Payment is due on the 1st of each month. A late fee of \$15.00 will be charged after 7 days if payment is not received. All tuition paid is non-refundable and non-transferable after the first day of the month. Exceptions may be made when extenuating circumstances exist. WAIVER OF LIABILITY (Initial on line to confirm you have read and understand written statements) I understand that participation in martial arts or yoga classes at Lake Travis Jiu-Jitsu Club poses a possible inherent risk of injury (minimal to severe, including death). I hereby assume all risks associated with participation in martial arts or yoga programs at Lake Travis Jiu-Jitsu Club and agree to hold Lake Travis Jiu-Jitsu Club, its members, instructors, assistant instructors, and employees harmless from any and all liability that may arise in connection with my participation or my child's participation in the programs. I hereby certify that I/my child/my ward are in good health and have/has no physical limitations that would preclude participation in martial arts activities. I certify that I/my child has health, accident and liability insurance to cover any bodily injury or property damage that may because or suffered while participating in martial arts training, or else I agree to bear the costs of such injury or damage to me/my child. I further certify that I am willing to assume the risk of any medical or physical condition I/my child may have or am willing to assume and bear the costs if all risks that may be created, directly or indirectly, by any such condition. Further, I hereby voluntarily release and forever discharge and agree to hold harmless and indemnify Lake Travis Jiu-Jitsu Club and its members, instructors, assistant instructors, employees, students, successors, lessors, insurers, and representatives from any and all liability, claims, demands, causes of action or rights of action for injury or damage resulting from my participation or my minor child's or ward's participation in Lake Travis Jiu-Jitsu Club martial arts programs or use of Lake

_____ I agree that, if any portion of this waiver agreement is found void or unenforceable, the remaining portions shall remain in full force and effect. This waiver of liability is the entire, complete, sole, and only understanding and agreement by and between the undersigned and Lake Travis Jiu-Jitsu Club pertaining to the above discussed matters.

Travis Jiu-Jitsu Club equipment and facilities. This waiver is binding on my assigns, successors, heirs, spouse, parents,

administrators, guardians, insurers and legal representatives.

BY SIGNING THIS ENROLLMENT APPLICATION AND WAIVER OF LIABILITY, THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE AND WARRANT THAT:

This waiver of liability was read carefully in its entirety, and is fully understood and known to be a full waiver of liability as set forth above. I further agree to the policies put forth by Lake Travis Jiu-Jitsu Club in the Enrollment Application, and warrant that I am

over 18 years of age as of the date stated below, or that I am fully and legally emancipated.

STUDENT'S NAME (PRINTED):	
STUDENT"S SIGNATURE:	DATE:
FOR THOSE CLASS MEMBERS WHO ARE UNDER 18 YEAR	ARS OF AGE:
I,, parent or leg	al guardian of have
read the above enrollment application and waiver and agree	to its terms on behalf of my son/daughter/ward.
SIGNATURE:	DATE:
Photo Release Form	
(optional)	
I hereby grant Lake Travis Jiu-Jitsu Club permission to use r	my or my child's likeness in a photograph,
photographs or video recordings in any and all of its publicati	ons, including website entries and promotional materials, without
payment	
	oyalties or other compensation arising or related to the use of the
	nd agree that these materials will become the property of Gracie
Lake	
Norman BJJ. I am 18 years of age, have read this release, an	nd fully understand the contents, meaning, and impact of this release
(Student's Signature) (Date)	
(Student's Printed Name)	
If participant is under 18 years of age, there must be consent	by a parent or guardian, as follows:
I hereby certify that I am the parent or guardian of	, named above,
and do hereby give my consent without reservation to the for	egoing on behalf of this person.
(Parent/Guardian's Signature) (Date)	
(Parent/Guardian's Printed Name)	