

# THE BARNES MARTIAL ARTS GROUP

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## REGISTRATION FORM

(PLEASE PRINT AND PROVIDE ALL INFORMATION REQUESTED)

NAME: \_\_\_\_\_, DATE OF BIRTH: \_\_\_\_\_

GENDER: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Do you have any disabilities or health issues that we need to be aware of or that could prevent you from performing the requirements of our training program?

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## WAIVER OF LIABILITY AND RELEASE OF ALL CLAIMS

I voluntarily submit my application for attendance and participation in activities conducted by the Barnes Martial Arts Group. As a participant of the Barnes Martial Arts Group I recognize that there are certain risks of physical injury, damages, and/or losses that I may sustain or incur while attending or participating in said event(s) and expressly assume all risks of attendance and participation.

I agree to wave and relinquish all claims I may have as a result of participating in the program against the Barnes Martial Arts Group and its' respective owners, officers, agents, servants, employees, person, group, or organization.

(Both Parents or Guardians signature required if under age 18)

\_\_\_\_\_, Date: \_\_\_\_\_

\_\_\_\_\_, Date: \_\_\_\_\_