



# ORIENTAL MARTIAL ARTS CENTER

5747 28<sup>th</sup> St., Suite #104, Grand Rapids, MI 49546-6928, Tel: 616-723-0616

## REGISTRATION FORM

Student/Participant's Name:

<i>First</i>		<i>Last</i>	
<b>Age:</b>	<b>Date of Birth ( MM/DD/YYYY):</b>		
<b>Home Address # and Street:</b>			
<b>City:</b>		<b>State &amp; Zip:</b>	
<b>Father/Guardian's Name (for student younger than 18):</b>			
<i>First</i>		<i>Last</i>	
<b>Mother/Guardian's Name (for student younger than 18):</b>			
<i>First</i>		<i>Last</i>	
<b>School Student Attends:</b>			
<b>Email (for notifications of class cancellations, changes, etc.):</b>			
<b>Home Phone: ( )</b>		<b>Emergency Phone: ( )</b>	
<b>Business Phones for Self/Father/Guardian: ( )</b>		<b>for Spouse/Mother/Guardian: ( )</b>	
<b>Cell Phones for Self/Father/Guardian: ( )</b>		<b>for Spouse/Mother/Guardian: ( )</b>	
<b>Health/Medical Issues if Any?</b>			
<input type="checkbox"/> Fitness <input type="checkbox"/> More Energy <input type="checkbox"/> Stress Relief <input type="checkbox"/> Confidence <input type="checkbox"/> Self Control <input type="checkbox"/> Discipline <input type="checkbox"/> Perseverance <input type="checkbox"/> Focus <input type="checkbox"/> Self Defense <input type="checkbox"/> Recreation <input type="checkbox"/> Other, please specify:			
<b>Reasons for Taking Martial Arts Classes/Lessons at Oriental Martial Arts Center (check all applicable ones):</b>			
<b>Training Program(s) You Enroll for:</b>			
<input type="checkbox"/> Wushu		<input type="checkbox"/> Taichi <input type="checkbox"/> Both	
<b>Any Martial Arts Experience:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, what:    How long:			

## Release and Waiver from Liability

(Read Carefully Before Signing)

In consideration of being permitted to participate in any way in Martial Arts, Wushu, Taichi and/or any other program associated with Oriental Martial Arts Center ("OMAC"), a DBA of Experton Corporation, including but not limited to traveling to and from or participating in any practices, classes, lessons, training seminars/clinics, fundraiser, demonstrations, performances and/or tournaments, entering for any purpose any area where in admittance to the general public is prohibited, and related events and/or activities of OMAC, I hereby, as the participant or the parent or guardian of the minor participant (under age 18) named here in below:

1. Acknowledge and fully understand that the participant will be engaging in a sport or sports that could result in a SERIOUS INJURY, PARTIAL AND/OR TOTAL DISABILITY, PARALYSIS AND DEATH, AND/OR SEVERE SOCIAL AND ECONOMIC LOSSES due not only to the participant's own actions, inactions or negligence, but also to the action, inaction or negligence of others, the rules or nature of the sport(s) or conditions of the premises or any equipment used. Further, I acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time.
2. Knowing the risks involved in the sport or sports of Martial Arts, Wushu, Taichi and/or any other program, I assume all such risks and accept all responsibilities for the damages following such an injury, and the possible permanent disability or death.
3. Expressly acknowledge that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
4. Will instruct the minor participant, when applicable, to the above warnings and conditions and their ramifications, and I consent to the minor's participation.
5. RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE OMAC, Experton Corporation, or any of their affiliates, their receptive administrators, directors, officers, owners, representatives, agents, coaches or other employees or volunteers of the organization(s), other participants, their parents, guardian(s), any sponsoring organization, facility, and if applicable, owners, lessees or lessors of premises, and any other party involved, all of whom are hereinafter referred to as "Releasees", from any and all claims, demands, losses or damages on account of injury, including permanent disability and death, or damage to property caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise.
6. Expressly agree that the foregoing release, waiver, and indemnity is intended to be as broad and inclusive as is permitted by the law of the State in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.
7. Understand that the participant may be photographed and/or video-recorded. I expressly permit and authorize OMAC, its employees, agents and personnel who act on behalf of OMAC to use the participant's photos, videos or other likeness for purposes related but not limited to advertisements, marketing, publicity and promotion of OMAC and its services and products. I understand that the participant's photos, videos or likeness may be copied and distributed by means of various media, including web-broadcasting, television, video presentations, newspaper, news bulletins, mail-outs, flyers, billboards, signs, brochures and/or websites. I understand that, OMAC can not warranty or guarantee that any further dissemination of the participant's photos, videos or likeness will be subject to OMAC's supervision or control, although OMAC will endeavor to use the participant's photos, videos or likeness in accordance with standards of good judgment. Accordingly, I release OMAC from any and all liabilities related to any dissemination of the participant's photos, videos or likeness.

8. Understand that OMAC reserves the right to refuse service to anyone for any reason or no reason.

9. On behalf of the minor participant and individually, when applicable, I sign this Waiver and Release for the minor participant. If, despite the release, the participant makes a claim against any of the Releasees, I will reimburse the Releasees for any money which they have paid to the participant, or on his behalf, and hold them harmless.

I HAVE READ THIS RELEASE AND WAIVER FROM LIABILITY, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Name of Participant (PLEASE PRINT): \_\_\_\_\_ Name of Parent/Guardian (IF FOR MINOR, PLEASE PRINT): \_\_\_\_\_

Signature of Participant (IF 18 OR OLDER): \_\_\_\_\_ Signature of Parent/Guardian (IF FOR MINOR): \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_