

REGISTRATION AGREEMENT

Student Information: (Please Print)

Students Name _____

Address _____

City/State/Zip _____

E-Mail Address _____

Occupation _____

How did you hear about us? _____

Birth Date _____

Admin - Class/Workshop: _____

Phone Contact Information:

Phone # (h) _____

Phone # (w) _____

Mobile # _____

Emergency Contact:

Contact _____

Phone # _____

Release of Liability:

This agreement is between **(students name)** _____; YOUR COMPANY NAME and all special event programs; its instructors; independent contractors; volunteers and all other employees and affiliated members; hereinafter collectively referred to as YOUR COMPANY NAME or XYZ.

In consideration for enrollment in the XYZ programs, I make the following statements and promises:

1. I acknowledge before signing this agreement that the techniques taught in XYZ programs are intended strictly for physical health and fitness purposes, and that these techniques are not to be used in a negative manner against any person or property. I understand that I may be expelled at any time from participation in a program or event if the instructors learn that I used these techniques in a negative manner against anyone or anything.
2. I agree that I, my heirs, next of kin, legal representatives and assigns (a) will not make a claim against the XYZ for any injury, death, or property damage resulting directly or indirectly from my participation in an XYZ program or event; and (b) will release and discharge the XYZ from any claims or demands arising from injury, death, or property damage to me caused by my participation in an SMA program or event.
3. I promise to defend, indemnify, and hold harmless the XYZ from any claims made by third parties alleging injury or damage resulting from my conduct and activities while on XYZ premises or during an XYZ sponsored event, from my conduct as an XYZ student, and from my use of any techniques learned in an XYZ program.
4. If I have any disabilities or illnesses, or am pregnant, or I am currently seeing a psychological therapist, I have advised an XYZ instructor of this fact, and will obtain written consent from my physician or therapist to participate in XYZ programs and events.
5. I agree to allow XYZ to use my still or moving picture for any promotion and/or publicity relating to XYZ. I understand that I will not receive any compensation for such use.
6. I have not requested nor received any warranties as to the effectiveness of any XYZ program.
7. If I am under 18 years of age, I have advised an XYZ instructor of this fact, and I have shown this agreement to my mother, father, or legal guardian. My mother, father, or legal guardian hereby consent to my participation in XYZ programs/events and further agree to be bound in full by the terms and provisions of this agreement as evidenced by their signature below.
8. I agree that there have been no oral representations, statements, or inducements made apart from this written agreement.
9. I agree that this agreement shall be binding upon my heirs, next of kin, representatives, and assigns.
10. I understand that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the state of _____ and that if any portion thereof is held invalid, I agree that the balance shall, notwithstanding, continue in full force and legal effect.
11. In the event of an injury, condition, or death that surpasses the capabilities of our First Aid/ CPR trained Instructor's; I hereby give permission to obtain qualified emergency medical assistance to myself, my son/ daughter and do not hold YOUR COMPANY NAME or any Independent Contractors liable for such occurrence.
12. I have carefully read this agreement and fully understand its contents and I am aware that this agreement releases any liability between YOUR COMPANY NAME and myself. I voluntarily agree to each of the terms and provisions thereof and sign this agreement on my own free will.

Signature: _____

Today's Date: _____