

Name: _____

Birth date: _____

Name: _____

Birth date: _____

Parent's Name(s): _____

Invited by: _____

Phone number: _____

Mobile phone: _____

Email address: _____

Mailing Address: _____

City

State

MN

Health Concerns /Allergies?

In consideration for my attendance and participation in this academy's martial arts training, I the participant/parent, acknowledge the existence of certain inherent risks in this type of training and hereby agree to assume all risks. I further relieve Fusion Martial Arts, their instructors, management, staff and other session participants from any liability for accidents and/or injuries or loss of any personal property during Fusion Martial Arts sponsored activities and while under their instruction/supervision on the premises of 1012 Diffley Rd, suite #700 Eagan, MN 55123 and off-site locations. I hereby state that the participants named above are physically fit to take the prescribed course of instruction and do so of their own free will for an agreed upon fee. I understand there is a no refund policy on any monies I will pay this academy.

I have read, understand and accept all conditions written under said release of liability.

DATE ___/___/___

Parent/Guardian Signature

NAME (Please Print)