



314 New Britain Rd.
Berlin, CT 06037
860.797.2157

STUDENT APPLICATION & RELEASE FORM

Student's Name: _____ **Age:** _____ **DOB:** ___/___/___

Phone: (____) _____

Guardian's Name: _____ **Age:** _____ **DOB:** ___/___/___

Phone: (____) _____

Address: _____

City: _____ **Zip:** _____

Occupation: _____

Work/ Emergency Phone: (____) _____

E-mail Address: _____@_____ (For updated/new information on our programs)

Physical injuries or body problems (past or present):

How did you find out about our school?

Do you have any martial art experience?

What martial art(s) are you interested in?

Checks payable to: **Valiant Martial Arts**

Dues are payable by the 5th of every month. A \$10 late fee will be charged if the dues are paid past the 5th. If dues are not paid by the 10th, the student will not be allowed to participate.



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RELEASE FORM

The student signing this waives any cause of action or claim against or Karol Steczkowski AND/OR Valiant Martial Arts, LLC; their officers, directors, instructors, volunteers and employees for any injuries received resulting from any and all services rendered. The student signing this acknowledges that they should have received permission from a medical doctor following a general physical examination approving the student's participation in these instructional services.

Student's Signature (Over 18): _____

Date: ___/___/___

Print Name: _____

PARENT/GUARDIAN: Authorization if Student is a Minor

Parent's Signature: _____ **Relationship:** _____

Date: ___/___/___

Print Name: _____

Student/SCHOOL representations and release of liability:

The member applying warrants and represent that he/she/minor or student is in good physical condition and has not been advised by any Physician or Medical Facility that participation in the applied for course of training will in any way be adverse to the well being of the student. Furthermore, member represents that the student is able and allowed to participate in exercise and various martial arts curriculum which is provided by SCHOOL. Student/parent/guardian understands that by participating in the martial arts program or by use of the facilities or equipment covered by this contract does present the possibility of accidental injury. Student/parent/guardian assumes all risk associated with such participation within this program and holds SCHOOL harmless for any such injury or occurrence. In addition, student/parent/guardian agrees to indemnify SCHOOL from any and all liability which may arise against SCHOOL by such member or through any other third party as a result of training received by SCHOOL or by use of SCHOOL's facilities or equipment. Student/parent/guardian understands that during the course of instruction, employees or higher degree student instructors of SCHOOL will be engaged in a course of conduct requiring physical contact, and he/she (or parent or guardian) gives full consent to such contact as is required by the training. It is understood that due to the nature of the training which is being provided by SCHOOL that accidents do from time to time occur. While all precautions will be taken to assure the safety of all students, it is impossible to guarantee that such accidents will not occur. In the event that you are involved in an accident which subjects you to any injury, you agree to hold SCHOOL, Valiant Martial Arts and Karol Steczkowski harmless; you further agree that neither you, a parent, a guardian or any other financially responsible person will take action against SCHOOL, Valiant Martial Arts and Karol Steczkowski as a result of such injuries.

Signature: _____



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Age or Parental Consent Certification:

By signing this contract, you are certifying that you are either of legal age or that you are signing this contract as the parent or legal guardian of a minor, and by signing this contract on behalf of any minor, you hereby agree that you shall be responsible for all payments due hereunder and that you will indemnify and hold SCHOOL harmless for any injuries, losses, or damages sustained to anyone as a result of the minor's participation in this program of instruction.

Initials_____

Governing Law:

This agreement shall be construed in accordance with the laws of the State of Connecticut without regard to its conflict of laws principals. This Agreement shall constitute the entire understanding with respect to the subject matter hereof and may be modified only in writing signed by both STUDENT and SCHOOL. If any provision of this Agreement is determined to be invalid, illegal or unenforceable, the validity, legality and enforceability of the remaining provisions shall not in any way be affected or impaired thereby.

Initials_____

Bad Check Charges:

It is agreed that in the event that Valiant Martial Arts receives any check returned as NSF or is returned by bank for any other reason, that student/parent/guardian will be responsible for a charge of \$25 made payable to Valiant Martial Arts. **Initials**_____

Default/Collection:

All accounts 30 days past due will be subject to late fees of \$10. We can waive or delay enforcing any of our rights under this contract without losing them. **Initials**_____



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MODEL RELEASE

I, _____, do hereby give Valiant Martial Arts LLC, its assignees, licensees, and legal representatives the irrevocable right to use my name (or any fictional name), picture, portrait, or photograph in all forms and media and in all manners, including composite or distorted representations, for advertising, trade, or any other lawful purposes, and I waive any right to inspect or approve the finished version(s), including written copy that may be created in connection therewith. I am of full age.* I have read this release and am fully familiar with its contents.

Name _____

Address _____

Date _____, 20__

Consent (if applicant under 18)

I am the parent or guardian of the minor named above and have the legal authority to execute the above release.

I approve the foregoing and waive any rights in the premises.

Parent or Guardian _____

Address _____

Date _____, 20__