For academy use only:
□ GOOGL
\square ATTNDC
□СС



Please check one:
☐ Try out
☐ Returning Student
□ Visitor

NEW STUDENT REGISTRATION FORM

This form must be entirely filled out, or it will be returned to you for completion. If a question(s) does not apply, please print N/A in the space provided. Please keep us informed of any changes. Thank you!

START DATE:/ LOCATION: REG					
NAME:					
ADDRESSAPT#					
CITY:STATE:ZIP CODE:					
HOME PHONE: ()PG/CELL:()					
EMAIL:					
OCCUPATION:COMPANY NAME:					
ADDRESS:SUITE#:					
CITY:STATE:ZIP CODE:					
WORK PHONE: ()WORK FAX:					
BIRTHDATE:/WEIGTH:HEIGHT:					
EMERGENCY CONTACT:PHONE: ()					
RELATIONSHIP:					
PARENT/GUARDIAN IF UNDER 18:PHONE:()					
DO YOU: SMOKE:DRINK:					
MARTIAL ARTS BACKGROUNDHOW LONG:					
BELT:HAVE YOU TAUGHT:					
ARE YOU CURRENTLY TEACHING?:ARE YOU PROFESSIONAL FIGHTER:					
HOW DID YOU HEAR OF THE ACADEMY?					

PLEASE SIGN THE WAIVER ON THE BACK OF THIS FORM!

WAIVER OF LIABILITY, RELEASE AND INDEMNIFICATION AGREEMENT

"Academy" shall include Caique JiuJitsu LLC, YJJG Inc., Jiu Jitsu Defense, Carlos Elias, Pedro Elias, Thomaz Elias, their owners, agents, employees, officers, directors, representatives, assigns, members, students, instructors, management company(ies), teachers, trainees, guests, fighters, personal trainers, users of Facilities, owners of premises, affiliated organizations, insurers, personal trainers, independent contractors, attorneys; and any other firms, corporations or entities, whether incorporated or unincorporated, of which they, their spouses, estates or trusts are owners, agents, directors, representatives, officers, managers or members.

"Participant" shall include but not be limited to the undersigned; his or her minor child, estate, spouse, guests, owners, agents, members, employees, representatives, assigns, affiliated organizations and others acting on his or her behalf.

"Facilities" shall include but not be limited to the building, entry areas, sidewalks, parking areas, equipment (weights, cardio, etc.), cage(s), boxing ring, showers, sauna, balcony, weights any and other part of the premises, whether or not permanently affixed, commonly known as 24831 Narbonne ave Lomita CA 90717. "Facilities" shall also include any premises at which Participant attends, observes or participates in any activity arising out of or related to Participant's use of the Facilities, which shall include, but not be limited to: exhibitions; fights; events; demonstrations; and visits to premises other than the Facilities.

"Use of the Facilities" shall include but not be limited to: participating in classes; sparring; fighting; training; working out; using the sauna, eating; drinking; showering; cleaning; working; washing; entering or leaving the building; and walking in or through the parking area(s).

PARTICIPANT EXPRESSLY AGREES THAT ACADEMY SHALL HAVE NO LIABILITY FOR ANY DEATH, SICKNESS, PERSONAL INJURY, DAMAGE TO PERSONAL PROPERTY INCURRED BY OR OCCURRING TO PARTICIPANT AS A RESULT OF PARTICIPANT'S USE OF THE FACILITIES. BY EXECUTING THIS DOCUMENT, PARTICIPANT ACCEPTS FULL RESPONSIBILITY FOR ANY SUCH INJURY OR DAMAGES TO PARTICIPANT FROM PARTICIPANT'S USE OF THE FACILITIES. PARTICIPANT EXPRESSLY AGREES THAT ACADEMY SHALL NOT BE LIABLE FOR THEFT OF PARTICIPANT'S PERSONAL PROPERTY.

PARTICIPANT ACKNOWLEDGES, AGREES AND UNDERSTANDS THAT USE OF THE FACILITIES IS HAZARDOUS AND MAY RESULT IN SICKNESS, INJURY OR DEATH.

In consideration of his or her Use of the Facilities, Participant agrees to indemnify Academy for any and all claims, demands, costs (including attorney fees), judgments, and causes of action arising out of death, sickness, personal injury, damage to personal property incurred by or occurring to the undersigned; the undersigned's minor child; and the undersigned's guest(s) while engaged in Use of the Facilities.

In consideration of his or her Use of the Facilities, Participant agrees to indemnify and hold harmless Academy for any and all claims, demands, costs (including attorney fees), judgments, and causes of action arising out of death, sickness, disease, infection, fungi, bacteria, personal injury, damage to personal property incurred by or occurring to any other person engaged in Use of the Facilities, including but not limited to Academy employees; other individuals; and the undersigned's legal wards or minor child(ren).

THIS DOCUMENT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, YOU WILL FULLY AND FOREVER RELEASE AND DISCHARGE ACADEMY FROM ANY AND ALL CLAIMS, DEMANDS, DAMAGES, RIGHTS OF ACTION, OR CAUSES OF ACTION, PRESENT OR FUTURE, KNOWN OR UNKNOWN, ANTICIPATED OR UNANTICIPATED, RESULTING FROM OR ARISING OUT OF USE OF THE FACILITIES. BY SIGNING THIS AGREEMENT, YOU AGREE TO REPAY ACADEMY FOR ANY COSTS OR DAMAGES, INCLUDING LEGAL FEES, FOR ANY SUIT BY YOUR CHILD(REN) OR WARD(S); OTHER USERS OF THE FACILITIES; OR THE ACADEMY'S EMPLOYEES AGAINST THE ACADEMY.

Participant agrees to obtain approval from a physician (M.D. or D.O.) before engaging in Use of the Facilities. If any portion of this document is found to be unlawful, void or unenforceable, that provision shall be deemed separate and shall not affect the validity or enforceability of any other part of this document.

I AGREE TO THE TERMS OF THIS WAIVER OF LIABILITY, RELEASE AND INDEMNITY AGREEMENT.

Signature of Participant	Date	Name of Participant [please print	_ t]			
Academy representative:[Print name]		Date				
Parent/Guardian information						
certify that I am the parent/legal guardian of, date of birth; that I consent to my child/ward's Use of the Facilities; and that I agree to the terms of the WAIVER, RELEASE OF LIABILITY AND INDEMNITY AGREEMENT.						
Signature of Parent/Guardian	Date	Name of Parent/Guardi	an [please print]			