

Mu Sool FIT

Membership Agreement

Date: _____

Student Information

Student Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

Student DOB: _____

How did you hear about us? _____

Medical Information

1. Have you ever had a history of heart trouble? _____
2. Have you ever had a stroke? _____
3. Do you have high or low blood pressure? _____
4. Do you often suffer from dizziness? _____
5. Do you have diabetes? _____
6. Are you pregnant? _____
7. Do you have any injuries or other complications that could affect your martial arts or kickboxing training? _____

Emergency Contact

Name: _____

Relationship to student: _____

Home Phone: _____

Cell or Work Phone: _____

AUTHORITY TO TREAT

I, the undersigned, give the instructors, staff and responsible adults the power to authorize medical or other treatment of the person named above under "Student Name," subject to the limitations listed below, if any. If I am not the person so named, I am the parent, guardian or adult responsible for the person named, and I have the legal right to grant this power. Treatment may be made without regard to whether I or any other parent,

guardian or adult responsible has been contacted or has consented to the specific treatment, provided it does not conflict with the limitations outlined below. This authority begins on the date signed and continues indefinitely.

Limitations to Treatment: _____

Information of Medical Significance: _____

By giving my authorization, I assume responsibilities for all decisions made, provided they are reasonable decisions under the circumstances based upon the knowledge and understanding of the person making the decisions, and I trust their judgment and offer the benefit of the doubt to them in any claim or legal proceeding. This presumption may only be overcome by clear and convincing evidence that they acted with malice or willful gross negligence, and, if so, they may still be liable.

Signature

Date

Printed Name Relationship (if other than self)

I understand that the instructors, senior students, or others may have some skills in first aid, CPR, and, at their discretion, I authorize them to use those skills and techniques to assist in any circumstance in which they judge their skills would be necessary or helpful.

ADVISORY OF RIGHTS AND RESPONSIBILITIES

Safety is not the sole responsibility of instructors and staff. Everyone in class is responsible for their own safety and the safety of those around them. All students have the right and responsibility to excuse themselves from any exercise they believe will be harmful to them. All students must evaluate each situation in the context of their skill and current physical condition, and conduct each drill in a manner that is safe. If an instructor gives an instruction that is unsafe for the student, it is the student's responsibility to inform the instructor that the skill may be unsafe. The instructor will routinely excuse the student from unsafe exercises and drills. The instructor may ask for an explanation, and the student is expected to provide one.

All students have a responsibility to train and conduct themselves in a manner that helps all students and instructors remain safe. Students must give those who are training enough room to avoid interfering and avoid being accidentally struck by someone else practicing, which is especially important when others are practicing with weapons.

In the event of an injury, students have the right and responsibility to evaluate the extent of harm, stopping what they are doing even if it includes a partner, and determining if it is safe to continue. Unless a student is certain that further practice will not create or worsen a problem, all students are encouraged to stop what they are doing and inform an instructor. In the event of a serious injury or appearance of a serious injury, all students, instructors, staff and visitors, notably parents, have the right to call a stop to a particular training exercise.

If a student notes an unsafe training situation, which may include a student performing a skill incorrectly, a student not being careful about other, a defect in a piece of training equipment, a potentially dangerous obstacle or condition on the floor, or anything else that may cause or lead to harm of student, instructors, staff, visitors or guests, then the student is expected to correct the situation if within his ability or notify an instructor or staff member immediately. If something is simple to correct, such as picking up a weapon left on the floor, the student should correct the situation. If the situation may require the authority of the instructor or staff, or if it is not a simple matter, then an instructor or staff member should be notified immediately.

ASSUMPTION OF RESPONSIBILITIES AND RISK

Martial arts and kickboxing are potentially dangerous activities. Bumps, bruises, scrapes, scratches, and soreness are commonplace, and most students will encounter this sort of minor injury from time to time in their training.

More serious injuries are possible, including sprains, strains, twists, cramps, and injuries of similar magnitude, and students can expect to encounter these injuries infrequently. The possibility of more serious injury exists, including fractured bones, broken bones, torn ligaments, though not all students encounter such serious injuries.

There remains, despite safety precautions, the remote possibility of crippling or death, though this is certainly not expected in this martial arts or kickboxing class.

I understand the above statement of risk, and I understand the rights and responsibilities of students. I assume responsibility for my own safety (or the safety of my child), understanding and accepting the risks involved with martial arts or kickboxing training. Even if the instructor has informed me that no serious injuries have ever happened in this school or with any of the instructors, I understand that this does not mean that there is no possibility of harm. By assuming this risk, I completely absolve all instructors, staff, guest, students, landlords, management companies and any and all other parties of liability for my harm, unless intentionally caused in criminal conduct.

NOTICE AND CONSENT TO INSTRUCTORS

This school seeks to make use of highly trained, professional instructors, with both expertise and experience both in the art we teach and in teaching. Classes may be taught by the head instructor or any other qualified instructor. Should an instructor be unavailable for a given class, a junior instructor, senior student or guest instructor may teach. The choice of the instructor is led by the discretion of the school.

I understand that I may not always have the instructor I desire, but I shall seek to learn from whoever is teaching, to show respect due the position of teacher to whomever is teaching, and to conduct myself in accordance with the etiquette established at this school. I understand that I have the responsibility for my own safety without regard to who is teaching the class. I specially consent to any instructor the school, instructors or staff feel are sufficiently qualified by any standards they set to teach class. I specifically understand and agree that the full force of this document applies no matter who is teaching.

NOTICE OF PHYSICAL CONTACT

Complete martial arts or kickboxing training involves a wide variety of skills. While practicing these skills, students may have contact with a portion of the body. The groin may be the target of kicks, strikes and grabs. The chest, buttocks, groin, or any part of the body may be contacted by any part of the training partner's body during training by martial arts or kickboxing techniques, or incidentally contacted while performing a martial arts technique targeting another portion of the body.

When male, and female students train together, or when adult and minor students train together, and in any other training combination, the purpose and intent of the school, instructors and staff is to provide an environment for all students to learn and practice martial arts, kickboxing, and self-defense. Students are expected to conduct themselves appropriately at all times to ensure the best training results for everyone. Should any student feel a training partner is engaging in contact beyond the scope of training, or a training partner is taking undue and unacceptable advantage of training contact, or if a student is made uncomfortable by any training exercise or partner then that student has the right to withdraw from the exercise or drill. If the conduct of the training partner appears inappropriate the student should inform an instructor privately. If the conduct of the training partner or any training partner appears criminal, then an instructor should be informed and the authorities may be notified either by the student or the instructor, or both.

CONSENT TO PHYSICAL CONTACT

I understand the nature of physical contact in martial arts training and I understand that I have the right to immediately withdraw from any exercise or drill in which the conduct of any party seems beyond the scope of training or makes me uncomfortable. I agree to abide by school etiquette in all matters pertaining to training, and I shall not in any way conduct myself inappropriately or take inappropriate advantage of the contact martial arts or kickboxing training allows.

RENEWAL OF CONTRACT

Contract will automatically renew for like terms until cancelled.

TERMINATION OF CONTRACT

If the student or guardian of a student wishes to terminate this contract for any reason, they may do so with 30 days' notice (which will allow one (1) additional monthly billing) to South Austin Martial Arts, LLC (dba Mu Sool Won of South Austin; dba Mu Sool Fit).

INDEMNIFICATION BY PARENTS

Applicable only to Parents Enrolling Minor Child

I agree not to bring any claim or suit against the school, instructors, staff, guest, students, landlord, or any other parties on behalf of my child for any injury or harm sustained by any event short of a criminal act, and then only the criminal shall be the subject of such a claim. I further agree that I will not cause to be brought, nor encourage a claim or suit. I also agree not to cooperate in the bringing of such a suit or claim except insofar as I may be legally required to do so. Finally, I shall indemnify the school, instructors, staff, guest, students, and any and all additional defendants covered by this agreement for all judgments, costs, attorney fees, and other expenses incurred as a result of a breach of this agreement.

ARBITRATION CLAUSE

Should any dispute arise between me, my child, or anyone acting on behalf of my child, regarding this school, then I specially agree that the dispute shall be resolved in binding arbitration. Should a suit be filed in Court, I specifically authorize the Court to order the case to binding arbitration.

SEVERABILITY

If any clause, sentence, phrase or statement is found unenforceable or invalid by any Court of Law, the remainder of the document shall remain valid enforceable and invalid clause, sentence, phrase or statement shall be considered struck from the document.

DURABILITY

This document is effective from the date signed with no expiration. Furthermore, the terms of this document are retroactive the beginning of training and visiting the school if this document was signed after that date.

I have read this document, and I understand the content of it. I agree to abide by the terms of it.

Student Signature (if over the age of 18) **Date**

For Minor Students:

Parent Signature Date

Parent Signature Date

Program Options

- Automatic Draft: \$50.00 per month – See below for authorization

Credit/Debit Card

Please select Billing Date: 1st OR 15th

- Visa
 MasterCard
 American Express
 Discover Card

Name on Card: _____

Billing Address for Card: _____

Card Number: _____ CVV #: _____

Expiration Date: _____

I authorize South Austin Martial Arts, LLC to initiate recurring charges to the credit card account noted, in payment of services received.

Signature

Date