



1308 Meador Ave Ste #C-7
Bellingham WA 98229
360-671-3577

STUDENT ENROLLMENT WAIVER

Student	_____	Date	_____
Address	_____	Phone #	_____
City, ST, Zip	_____	Cell #	_____
Email Address	_____	Date of Birth	_____
Parent/ Guardian name(s):	_____	_____	_____
Additional Contact Information (optional):	_____		

ASSUMPTION OF RISK & WAIVER OF LIABILITY

Student represents that he/she is in good physical condition and is able to use the facilities of TORQUE Martial Arts. Student hereby acknowledges that he/she is fully aware of the risks and hazards inherent in the practice of martial arts and in fitness activities and hereby assumes voluntarily all risks of loss, damage or injury (including death) that may be sustained by Student or to his/her property. Student hereby accepts full responsibility for the use of, or participation in, any and all classes, services, equipment, demonstrations or events, whatsoever owned, operated or sponsored by TORQUE Martial Arts, whether on-site or off-site and hereby releases and agrees to hold harmless, TORQUE Martial Arts, its owners, officers, directors, members, employees, representatives and agents from any and all loss, claim, injury, damage or liability sustained or incurred by Student resulting there from. This release shall be binding upon the heirs, distributes, next of kin, executor and administrator of each of the undersigned. In signing this Agreement, the undersigned hereby acknowledges and represents that that he/she has read this release, understands it and signs it voluntarily.

_____ (Student Initials if over 18)

Student Signature

Parent / Guardian Signature

Parent / Guardian Signature (optional)

Instructor Signature

Date