



MMA Academy
11777 Sorrento Valley Road
San Diego, Ca. 92121
(858) 755-7665

Location: Sorrento Valley/San Diego

Source: _____

date: _____

Guest Waiver

(Please Print & Complete all information)

GUEST'S NAME: First Last Home Phone Work Phone

Cell Phone Email Address Birth date

Current Mailing Address

In case of Emergency, call Relationship to Member Phone

Guardian (if different than MEMBER) First Last Home Phone Work Phone

Program Applying For: Krav Maga MMA **Conditioning** (please circle)

Reason for training:

Any physical condition or disability that would preclude participation in training? No Yes (please circle) If yes. Please explain:

1. **DISCLAIMER OF LIABILITY / GENERAL RELEASE & WAIVER.** I understand that I have been, or will be, admitted as a member of MMA Academy ("MMA Academy" or "Center"), and based in material part on this General Release and Waiver. I am fully informed and aware of the nature of the classes and the physical dangers therein. As a member of MMA ACADEMY, I intend to and will engage in strenuous physical activities and classes on the Center's premises. I understand that these physical activities involve certain risk and exposure to personal injury, which risk and exposure I voluntarily assume for myself and any member of my family, including children who visit MMA ACADEMY. In consideration of mutual covenants contained herein and other good and valuable consideration, including the use of the Center's facilities and the admission of members of my family including children, the receipt and sufficiency of which is hereby acknowledged, I hereby release in full and forever discharge the Center, its Directors, Officers, Managers, Members, Employees, Contractors and Agents, MMA ACADEMY Inc, its Directors, Officers, Managers, Members, Employees, Contractors and Agents and Cal-Sorrento at 11777 Sorrento Valley Road, and all other members and guests of MMA ACADEMY whether acting officially or otherwise, on behalf of myself or any member of my family, our Representative Heirs, Executors, Administrators and Personal Representatives, from any and all injury, liability, damages, claims, demands, and/or causes of action, whether foreseen or unforeseen, relating to or deriving from any injury to me or any injury to any member of my family, including children, during or arising out of the use of the Center's facilities or participation in any Center event (e.g., classes, seminars, etc.).

Notices:

1. Physical Exam: MMA Academy urges all students/participants to obtain a physical examination from their physicians before enrolling in Krav Maga, Martial Arts, Cross-Training, Kickboxing classes.
2. I understand that video or photos may be taken and may be may be used for promotional use unless I state otherwise.

Guest Signature

Date

Guardian (if different than MEMBER)

Date