



FUSION MARTIAL ARTS MEMBERSHIP FORM

I wish to apply for membership to Fusion Martial Arts. I agree to abide by the rules and to follow the instructions of the Branch Instructor who has been appointed by Fusion Martial Arts.

Student Details

Mr/Mrs/Miss/Ms: _____
(Block letters) (First Name) (Middle Name) (Surname)

Address: _____ **Suburb or City:** _____ **State:** _____

Post Code: _____ **Telephone (H):** _____ **(W):** _____ **(M):** _____

Student Email Address: _____

Date of Birth: _____ **Occupation:** _____

Parent / Guardian (tick as applicable) details (to be completed if Applicant is under 18):

Full Name

Mr/Mrs/Miss/Ms: _____
(Block letters) (First Name) (Middle Name) (Surname)

Address: _____ **Suburb or City:** _____ **State:** _____

Post Code: _____ **Telephone (H):** _____ **(W):** _____ **(M):** _____

Parents Email Address _____

Do you suffer from asthma, epilepsy, heart disease, stroke, or any form of physical or mental illness, injury or incapacity OR do you have any other physical or health problems which should be disclosed to **Fusion Martial Arts** in the interest of your health or safety?

No / Yes

If Yes, give details _____

I acknowledge that I agree to participate in **Fusion Martial Arts** at my own risk and that I will not hold any person responsible in any way for any personal injury that may occur during my instruction, practice, demonstration or training. I also acknowledge should I deem it necessary in relation to personal accident/injury insurance, I hereby agree to obtain my own insurance cover/policy.

I also agree to abide by the **Fusion Martial Arts** pledge and never to misuse the Art in any way. I also understand that **Fusion Martial Arts** has reserved the right to refuse or disqualify my membership at any time if I am not obedient of the rules of the school or the instructions of my Instructor.

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS OF MEMBERSHIP AND FURTHER CERTIFY THAT THE ABOVE PARTICULARS ARE TRUE AND CORRECT.

Applicant Signature _____ Date ____ / ____ / ____

Parent/Guardian Signature _____ Date ____ / ____ / ____
Signature of parent or guardian required if Applicant is under 18 years of age)

Application Membership Date of first
Approved/Refused: _____ Number: _____ joining : ____ / ____ / ____

Branch Name _____
Branch Instructor (Full name and signature)



TERMS AND CONDITIONS

Please note: for Applicants who are under 18 years of age, a parent or guardian is required to read, initial, and counter sign this application where applicable. ()1

Full name of Applicant : _____

Of (residential address) _____

Full name of Parent/Guardian : _____

(if Applicant under 18) of (residential address)

I, the Applicant (which shall include a parent/guardian if the Applicant is under 18), agree to be bound by the following terms and conditions on which I will study the Art of Fusion Martial Arts:

Injury Waiver:

The Applicant warrants that he/she is in good health and that he/she has not suffered, is suffering or is receiving treatment for any disorder, disability, illness or injury that may make it unsafe for the Applicant to participate in **Fusion Martial Arts**. All current or pre-existing medical conditions of the Applicant have been disclosed to **Fusion Martial Arts**. ()2

THE APPLICANT IS AWARE THAT **Fusion Martial Arts** MAY BE DANGEROUS and that he/she participates in activities in relation to **Fusion Martial Arts** entirely at his or her own risk and on the basis that such activities are ENTIRELY VOLUNTARY he/she will elect not to participate in any activity that s/he feels involves risk of injury. ()3

The Applicant will hold **Fusion Martial Arts**, its principals, instructors, contractors, members, servants and agents harmless from any and all liability including for injuries of any kind whatsoever arising from or in connection with participation in the study of **Fusion Martial Arts** howsoever caused and whether due to negligent act, breach of duty, default and/or omission and waives all rights in respect of any such damage and acts and/or omissions. ()4

The Applicant agrees to keep **Fusion Martial Arts**, its principals, instructors, contractors, members, servants, and agents indemnified against all or any losses, damages, claims, actions, and suits (proceedings) for which they may become liable arising out of or in connection with the above matters, including proceedings brought on behalf of a child by a parent or guardian. Any treatment for injury sustained will be of first-aid type only and upon the understanding that the provider may not be a trained provider of medical treatment. ()5

Disclaimer:

Fusion Martial Arts disclaims all responsibility and all liability (including through negligence, error of judgement, act of god, and hall conditions) for claims, expenses, losses, damages, and costs the Applicant might incur or suffer as a result of participation in lessons, using the Art (whether within or outside of Dojang (place where **Fusion Martial Arts** is taught or studied)) or at grading examinations. ()6

Media Waiver:

I hereby grant permission to **Fusion Martial Arts** to copyright and use photographs, video and/or comments (Media) of the Applicant in print, broadcast, online and social media and I acknowledge **Fusion Martial Arts'** right to crop or treat the Media at its discretion. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein the Applicant's likeness or comments appear. I also acknowledge that **Fusion Martial Arts** may choose to use this Media at any time at its own discretion. ()7

Acknowledgement:

I do hereby acknowledge that prior to and in consideration of membership, I have read and understood the above and accept the terms and conditions contained herein and further acknowledge that on the basis I have, of my own free will and desire, so contracted with **Fusion Martial Arts**, its principals, instructors, contractors, members, servants and agents and I acknowledge that the branch Instructor as specified herein is duly authorised to contract on behalf of them.

Agreed and accepted:

(Signature of Applicant)

(Signature of Parent/Guardian)

(Date)

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