

KravMagaNation

The Leader in **Practical Self Defence**

Krav Maga Student Registration Information

First + Last Name: _____

Membership Type: ___ Kids Class; ___ 1 Class / Week; ___ 2 Classes / Week; ___ 10 Class Package

eMail: _____

Address 1: _____

Address 2: _____

City: _____

Postal Code: _____

Cell Phone: _____

Date of Birth: _____

Medical Conditions: _____

Terms and Conditions

I understand that Krav Maga classes, seminars, camps for youth or adults as well as other Krav Maga activities can be dangerous, but I am voluntarily choosing to participate in some or all of these activities and agree to assume the risk associated with my participation therein.

I understand that I am assuming full responsibility for any and all risks of death, personal injury, emotional pain and suffering, property damage and economic loss that might be suffered by me as a result of my participation in these activities and classes.

I hereby further agree to release, indemnify and hold completely harmless the Krav Maga organizers, instructors and volunteers of the Krav Maga activities, classes and all other entities

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associated with them and independent contractors harmless from any and all liability and costs, including attorney fees, associated with or arising from my participating in the activities and classes, waiting at or on premises to participate in such activities and classes, and walking through the premises prior to or after such activities and classes.

I accept that:

- There are no refunds for classes or other activities such as camps and seminars,
- If I take classes for longer than one month I will acquire a Krav Maga Nation t shirt and crest,
- Pictures of me may be used to advertise Krav Maga Nation activities in various media.

If I am signing this release on behalf of a minor child, I understand that I am giving up the same rights for the said minor as if I signed this release on my own behalf.

Applicant's Signature: _____ Date: _____

If Applicant Is A Minor At Time of Application:

Parent or Guardian

Name: _____ Cell Phone: _____

Signature: _____ Date: _____

Address: _____

eMail: _____