



Muay Thai Academy of Colorado

FIRST NAME: _____ LAST NAME _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

DATE OF BIRTH: _____ AGE _____

EMAIL ADDRESS: _____

HOW DID YOU HEAR ABOUT US?: _____

WHAT IS YOUR EXPERIENCE IN MARTIAL ARTS? _____

POLICY:

PLEASE KEEP THE ACADEMY CLEAN, NO SHOES ON THE MAT, NO PROFANITY. ANY ACTION TO PURPOSELY HURT OR INJURE ANOTHER INDIVIDUAL IN CLASS WILL NOT BE TOLERATED. WE ARE NOT RESPONSIBLE FOR LOST, DAMAGED, OR STOLEN PROPERTY. PAYMENTS ARE DUE ON THE FIRST OF EACH MONTH. ANY PAYMENTS RECEIVED AFTER THE 15TH OF THE MONTH SHOULD INCLUDE A 15\$ LATE FEE. THERE ARE NO REFUNDS FOR MONTHS PAID FOR IF STUDENTS ATTENDS 1 OR MORE CLASSES, REGARDLESS IF CLASSES ARE MISSED. WE ARE NOT RESPONSIBLE IF STUDENT IS UNABLE TO ATTEND CLASS. ONLY THROUGH A DOCTORS NOTE CAN A STUDENT MAKE UP A CLASS. POLICY MAY BE UPDATED IN THE FUTURE.

LIABILITY WAIVER:

I UNDERSTAND THE MARTIAL ARTS ARE CONTACT SPORTS AND AS SUCH AN INHERENT RISK OR SEVERE INJURY OR DEATH. I ALSO UNDERSTAND THAT PRIOR TO PARTICIPATING I HAVE THE RIGHT AND DUTY TO INSPECT THE MATS, EQUIPMENT, FACILITIES TO BE USED AND IF I BELIEVE THAT ANYTHING IS UNSAFE OR BEYOND MY CAPABILITY, I WILL REFUSE TO PARTICIPATE. I DO HEREBY FOR MY HEIRS, EXECUTORS AND ADMINISTRATORS WAIVE, RELEASE, AND FOREVER DISCHARGE ANY AND ALL RIGHTS FOR AND CLAIMS FOR DAMAGES WHICH I MAY HAVE OCCUR TO ME, AND AGREE TO SAVE THE MUAY THAI KICKBOXING ACADEMY, OSCAR MARTINEZ, IT'S SUCCESSORS, OWNERS, SHARE HOLDERS, OTHER STUDENTS, OTHER INSTRUCTORS, EMPLOYESS, AND AGENTS FROM ANY LIABILITY.

STUDENT SIGNATURE

DATE

LEGAL GUARDIAN SIGNATURE

**Denver Headquarters
4990 E Asbury Ave
Denver CO 80222
(303) 246-8855**

**Parker
6260 E Progress Ln
Parker CO 80134**