



KODENKAN MARTIAL ARTS ACADEMY MEMBERSHIP APPLICATION AND AGREEMENT

(PLEASE PRINT)

/ / / /

(last name) (age) / (sex) (first name) (middle initial)

(address) (city) (state) (zip)

(phone number) (email)

_____ /

(student's name in print) (program(s) attending)

In consideration of the acceptance of the above named applicant into this organization and recognizing that there is a risk in practicing the martial arts as a method of self-defense, I, the undersigned, parent or guardian hereby agree to save, indemnify and hold blameless the KODENKAN MARTIAL ARTS ACADEMY, it's employees, instructors, members, and authorized guests against all liability claims resulting from injuries or damages of any kind to person or property arising through membership in the above named organization.

- Members agree to pay the monthly fees agreed to upon acceptance of their membership.
- Monthly fees are due on time regardless of attendance to classes.
- Memberships may be postponed in one-month increments with two weeks prior notification.
- Memberships may be cancelled at any time with two-week notice and confirmation.
- Monthly fees stay the same each month of the year, regardless of holidays.
- There are no refunds for any funds received for memberships for any reason.
- A membership may be terminated at any time at the discretion of the instructor or the KMAA director.

SPECIAL CORONA VIRUS / COVID 19 LIABILITY WAIVER

Any person who applies for membership to the KMAA, for themselves or any other, agrees to indemnify and hold blameless all KMAA instructors, employees or authorized guests from any liability resulting in potentially contracting COVID 19, or any of its variants, as a result of training at the KMAA. This includes any sickness, medical treatment up to and including death. Agreeing to train in the martial arts, for oneself or any other at the KMAA means you agree to assume ALL risks associated with that training.

***By signing below you indicate that you understand and agree to the terms and policies outlined above.**

Date: _____/_____/_____

Signature of prospective member / guardian