



TEAM PAPA KOLEA JIU-JITSU

STUDENT REGISTRATION FORM

This form must be entirely filled out BEFORE participating in a class, or it will be returned to you for completion. If a question(s) does not apply, please print "N/A" in the space provided. Please keep us informed of any changes so we can update our records. Mahalo!

Name: _____ Start Date: _____
Address: _____ Apt. #: _____
City: _____ State: _____ Zip code: _____
Home Phone: _____ Cellular: _____ Email: _____

Occupation: _____ Company Name: _____
Address: _____ Apt. #: _____
City: _____ State: _____ Zip code: _____
Work Phone: _____ Ethnicity: _____

Birth date: _____ Height: _____ Weight: _____
Emergency Contact: _____ Phone #: _____
(Full Name)
Relationship: _____ Email: _____
Physician Name: _____ Physician phone #: _____
Medical Insurance Provider: _____ Medical Allergies?: _____

Do you: Smoke? _____ Any Existing Medical _____
Drink? _____ Conditions that we should
be aware of? _____

Martial Arts Background:

Style:	Duration (Years)	Rank (Belt)	Currently Teaching?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Why did you start taking classes at TPJJ? ___Get in shape, ___Lose weight, ___Network, ___Self-Defense, ___To compete

How did you hear about the academy?

Advertisement _____ Friend _____ Online _____ Other _____
Print friend's name

**PLEASE READ CAREFULLY
THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS
RELEASE AND WAIVER OF LIABILITY**

1. I, _____ fully understand and acknowledge that my participation (or Minor Participant's participation, if applicable) in martial arts, including Jiu-Jitsu, Brazilian Jiu-Jitsu, "Gracie Jiu-Jitsu," mixed martial arts, submission grappling or any other disciplines practiced at Team Papakolea Jiu-Jitsu LLC ("Martial Arts") entails serious risks and dangers which could result in bodily injury, disability, paralysis and death.

2. I further understand and acknowledge that the social and economic losses and/or damages, which would result from these risks and dangers above, could be severe.

3. I accept and assume such risks and responsibility for the losses and /or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releasees named below.

4. I HERBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Team Papakolea Jiu-Jitsu LLC (the "Company"), and/or its respective owners, administrators, directors, agents, representatives, members, instructors, and/or other employees of the Company, other participants, Relson Gracie and /or owners and lessors of the premises used by the Company for Martial Arts instruction, all of whom are hereinafter referred to as "Releasees", FROM ALL LIABILITY TO EACH OF THE UNDERSIGNED, HIS OR HER HEIRS AND THE NEXT OF KIN FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES ON ACCOUNT OF INJURY, INCLUDING DEATH OR DAMAGE TO PROPERTY, CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

5. Each of the Undersigned further expressly agrees that the forgoing Release and Waiver of Liability is intended to be as broad and inclusive as is permitted by the laws of the State of Hawaii and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT VOLUNTARILY IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN THE MARTIAL ARTS OFFERED BY THE COMPANY.

Signature:

Date:

If you are under 18 years of age, please arrange for your parent or legal guardian to complete the following:

I, _____ hereby certify that I am the parent or legal guardian of _____, a person under 18 years of age ("Minor Participant"). I understand and acknowledge the application of the terms of this Release and Waiver of Liability to the Minor Participant.

In addition, I agree to not leave the Minor Participant alone with the instructor(s), representatives or students at the Company AT ANY TIME for the safety of the Minor Participant.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT VOLUNTARILY IN CONSIDERATION OF THE MINOR PARTICIPANT NAMED ABOVE BEING ALLOWED TO PARTICIPATE IN THE MARTIAL ARTS OFFERED BY THE COMPANY.

Signature of Parent or Legal Guardian

Date: