



SMITH

Fitness & Martial Arts

Smith Fitness & Martial Arts

Date: ____/____/____

Program: _____

Guest Name : _____ Age: _____ Birthday: ____/____/____

Parent's Name: _____ Phone: _____

Address: _____ City _____ Zip _____ Email: _____

In consideration for my participation in Smith Martial Arts & Fitness (SMA / Smith Martial Arts LLC) training events, I acknowledge the existence of certain inherent risks in cardiovascular exercise, weight training, and or body building, this type of training and agree to assume all risks of injury, including but not limited to death of the participant arising from this event and or participants neg . I relieve SMA / Smith Martial Arts LLC., its Management, Staff, and fellow students, from any liability resulting from injury or loss of belongings. The students named above are physically fit to take the prescribed course of instruction and do so of their own free will. I grant Smith Martial Arts LLC, the irrevocable right to use my name (or nickname) , videos, or picture in all forms and media in all manners, for advertising or other lawful purposes, and I waive the right to approve the finished version, including written copy that might be created in connection therewith.

Signature: _____ Date: ____/____/____

_____ Date: ____/____/____

Parent signature if participant is under 18 years of age 100 SE Bridgeford Blvd. Smithma.com 541-610-2366