

Additional Comments:

For Additional Background and Credential Information, please attach additional documents.
ALL CLAIMS OF RANK AND CERTIFICATION SUBJECT TO VERIFICATION BY THE MMAA PRIOR TO ACCEPTANCE OF MEMBERSHIP

Agreement and Waiver

I (enter name) _____, hereby make application for membership in the **MMAA (Madison Martial Arts Academy™)**, and upon acceptance, I sincerely will obey all rules and regulations as set forth in the MMAA Constitution and By-Laws and by the President, Vice-President, Grandmaster, and Board of Directors. I clearly recognize that a risk is involved in the studying of the martial arts, and related activities, which has been completely explained to and/or understood by me and my parents and/or guardians.

In Consideration of accepting my application for entry into the MMAA, I do hereby for myself, my heirs, executors, administrators, parents and guardians assign, release, acquit and forever discharge the MMAA, its President, Vice-President, Grandmaster and its instructor(s) and members, and all volunteers, participants, agents, assistants, representatives, instructors, officers, and directors of this activity, of and from any and all liability, actions, claims, demands, or suits whatsoever, which I may now or hereafter have or claim to have, on account of any injury sustained and suffered by me while traveling to or from or while practicing martial arts or any related activities connection to this organization, and the parents and/or guardians of the applicant hereby request that this application be accepted, and in consideration thereof, agree to indemnify and release all members of the MMAA and its President, Vice-President, Grandmaster from all claims made or which may be made on behalf of the applicant, for the aforesaid consideration

I consent that any pictures furnished by me or any pictures and/or video taken of me in connection with the organization can be used for publicity and promotion and I waive compensation in regards thereto. **I clearly understand that this activity involves bodily contact, physical exertion, and exercise.** I hereby accept that my participation in this organization is contingent upon my good conduct and that should the proprietors of this activity determine my actions, behavior and/or attitude inappropriate in any way that my right to participate in this activity will be revoked and I shall sacrifice all fees paid. Additionally, **I am fully aware of my personal medical condition and hereby certify that I am mentally and physically fit to participate in this activity.**

I also affirm that I am not affiliated with any defined terrorist or extremist hate groups as recognized by the laws of the United States of America or any organization with secondary affiliation with such organizations, nor am I the subject of any criminal investigation, charges, or related activity of any type.

Signature: _____

Signature of Parent/Guardian if Under 18