



HNK, Warrior Path Martial Arts

New Student Application

Student:

Age:

Parent / Guardian (if under 18):

Contact Info (prefer phone / email):

Health Concerns:

Reason for Interest in Martial Arts:

Payment Plan (School, Type, Monthly Fee, Initiation Fee):

253.878.3057

Facebook.com/[WarriorPathMA](https://www.facebook.com/WarriorPathMA)

PHOTO AND FILM AGREEMENT

I understand that Warrior Path Martial Arts will be taking periodic photos and videos of all students and audience members. These photos and videos are subject to be placed on the website and facebook without warning, and will be used to promote Warrior Path Martial Arts. I understand that my image and training will be recorded and subject to viewing on the internet and in advertisements.

I **ACCEPT** THE PHOTO AND FILM AGREEMENT _____ I **REJECT** THE PHOTO AND FILM AGREEMENT _____

(rejecting this still allows access to joining and participating in martial arts)

LIABILITY AGREEMENT

I understand that Warrior Path Martial Arts is a contact activity involving rolling and falling, striking and hitting, participation in exercise, and is a potentially dangerous activity. I understand that I am subject to injury or damage, and by signing this form I acknowledge all dangers involved. I release legal responsibility from Warrior Path Martial Arts in case of accruing injury or damage from participating in activities that I know may be potentially dangerous. In the event of serious injury or damage, Warrior Path Martial Arts will release the injured or damaged to the health care of the state for treatment. Any known ailment that may accelerate, increase, or cause damage to self or others must be reported, and Warrior Path Martial Arts has the right to choose to not accept students for any health reasons it deems unsuitable for training. I understand that participating in any activity with increased risk of injury or damage must be met by wearing safety gear. Not wearing safety gear during times of increased risk of injury or damage is to accept injury and damage as a part of the activity. Warrior Path Martial Arts has the right to refuse any activity to a person not wearing the right safety gear. Warrior Path Martial Arts will attempt at all times to prevent any and all injuries and damage so that all students may participate in full health at all times. Warrior Path Martial Arts recognizes that the health and well-being of everyone in its facilities is its highest priority.

I **ACCEPT** THE LIABILITY AGREEMENT _____ I **REJECT** THE LIABILITY AGREEMENT _____

MUTUAL RESPECT AGREEMENT

I understand that if I display violent, excessively aggressive, disruptive, assaulting, or discriminatory behavior in any way, Warrior Path Martial arts will remove me from the program, receiving no refunds and cancelling all contracts (pending payments will complete for one final cycle). I will be removed from the facilities without being allowed to return. If I attempt to violate this removal, legal action will be taken. Warrior Path Martial Arts will attempt at all times to prevent any and all violent, disruptive, assaulting, or discriminatory behaviors so that all students may participate with full dignity, safety, and mutual respect at all times. Warrior Path Martial Arts recognizes that the health and well-being of everyone in its facilities is its highest priority.

I **ACCEPT** THE MUTUAL RESPECT AGREEMENT _____ I **REJECT** THE MUTUAL RESPECT AGREEMENT _____

Student / Guardian Signature and Date: _____

Instructor Signature and Date: _____

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