

SPORT COMBAT FEDERATION

School Membership Application Form

Send to: Sport Combat Federation 601 Centennial Street Santa Cruz, CA 95060
or Fax: 831-426-5905

Name of School _____

Name of School Director _____

School Address _____ City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Martial Art Affiliation _____ # of instructors _____

SPORT COMBAT FEDERATION WAIVER

Terms and Conditions

Liability Waiver and Release: The signee understands and agrees that strict observation of the rules and regulations relative to training, including the use of equipment, is required and that the use of facilities are at the sole risk of the Member. It is understood and agreed by the Member that martial arts involves defensive and offensive skills and training which include violent and sudden movements and that in connection with trainings and instruction sessions, there will be physical contact between instructors and Members, agents, employees, operators or authorized representatives and between and among the Members themselves and that such contact may result in personal injury despite the best intentions and following adequate precautions. The Member agrees that the Sport Combat Federation and its instructors, and authorized representatives, shall not be responsible and are hereby released from any liability, claim loss, including loss of property, damage and personal injury, or expense incurred by a Member or anyone claiming through a Member, or related to any activity connected with the Federation including, but not limited to, any cause by the negligence or gross negligence of the Federation or its Instructors, Members, agents, employees, operators or authorized representatives.

As director or owner of this school, I have read this agreement and understand that once it is signed by me it is legally binding and enforceable and I agree to comply with all the provisions, terms and conditions.

Signature _____ Date _____

[Do not write here: Approved _____ Date _____]