

Carvalho Judo & Brazilian Jiu-Jitsu Academy, LLC.

85-99 Hazel Street, 2nd Floor, Paterson, NJ 07503

Student Application

Name: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Home #: _____ Cell: _____ E-mail: _____
Emergency Contact Name 1: _____ Phone #: _____
Emergency Contact Name 2: _____ Phone #: _____
Your interest in joining () Training () Weight Loss () Other _____ Prior MMA Experience: _____
How did you hear about us? _____ Occupation: _____
Facebook Name: _____ Linked In Name: _____

Terms and Conditions of Carvalho Academy

All students are required to provide proof of age with a valid photo ID. Children are not to be left unattended after class. Parents must pick up their children inside the Academy once class is finished. Kids are not permitted to leave without their guardian present. Children are not permitted on or near the Exercise Equipment area. Any students that disrespect the rules of the Academy will have their membership suspended or revoked without refund. Parents will be held responsible for their children's behavior and actions during their stay at our Academy. Our top priority is the safety and well being of all our members and guests. A copy of the Academy Rules is available in the front entrance.

Do you have any questions regarding the terms and conditions of Carvalho Academy? (Circle) Yes or **No** Your Initials _____.

Has the academy representative answered all of your questions to your satisfaction? (Circle) **Yes** or No Your Initials _____.

Statement of Medical Fitness and Insurance Coverage

Acknowledge and fully understand that I will be engaging in a contact sport that might result in serious injury, including permanent disability, and severe social and economic losses due not only to my own actions, inactions or negligence, but also to the actions, inactions, or negligence of others. Further, I acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time.

I have familiarized myself with the risk involved in the Judo, Brazilian Jiu-Jitsu, and/or Fitness Classes; I assume all such risks and accept personal responsibility.

Do you have any conditions which would affect your mental or physical ability to be a member of the Carvalho Academy? (Circle) Yes or **No** Your Initials _____.

I have consulted with my medical physician and confirmed my mental and physical fitness to train. I also have medical coverage for any loss. Initials _____.

Release of Liability

Release, waive, discharge and covenant not to sue the Carvalho Judo and BJJ Academy LLC; and Sensei Edson Carvalho, together with their affiliated clubs, their respective administrators, directors, agents, and other employees or volunteers of the organization, other participants, their parents, guardians, owners, lessors, and lessees of premises located at 85-99 Hazel Street in Paterson used as mixed martial arts training and fitness center, all of whom are hereinafter referred to as Releasees, from any and all claims, demands, losses or damages on account of injury, including permanent disability and or damage to property, caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise to the fullest extent permitted by law.

I agree that, prior to participating, I will inspect the mats, equipment, facilities, competitors, conditions of the premises or of any equipment I choose to use, and if I believe anything is unsafe or beyond my capability, I will immediately advise Sensei, instructor, and/or supervisor of such conditions and refuse to participate. I further understand and discharge Carvalho Judo & BJJ Academy and/or Sensei Edson Carvalho for any injury, including permanent disability caused or alleged to be caused in whole or in part by any equipment I use during my training at Team Carvalho Academy.

I HAVE READ THE ABOVE WARNING, WAIVER AND RELEASE, AND KNOWING THIS, SIGN IT VOLUNTARILY. I AGREE TO PARTICIPATE KNOWING THE RISKS AND CONDITIONS INVOLVED AND DO SO ENTIRELY OF MY OWN FREE WILL.

Participant (Print Name) Participant's Signature Date
**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)**

Parent/Guardian (Print Name) Parent's/Guardian's Name Signature Date