



Warrior's Edge Martial Arts

Honor – Integrity - Mastery

Last Name

First Name

ID#

In order to determine if the instruction at the dojo can adequately meet and serve your needs, please complete the following questionnaire. Be as specific as possible and please answer all questions. Parents – please fill in all questions for your child. The word “you” throughout the questionnaire means “the student”.

STUDENT INFORMATION

Date: ___/___/___

How did you find out about Warrior's Edge Martial Arts? (Please circle one below.)

Walk In Phonebook Web Page Newspaper Door Hanger Mailer Seminar Referral _____ Other _____

Name _____ Age _____ Birthday ___/___/___

Address _____ City _____ Zip _____

Phones: Home () _____ Work () _____ Email _____

If applicant is under 18 - Father's Name _____ Mother's Name _____

Address (If different from above) _____

Occupation: _____ Place of Employment _____

Single Married Name of Spouse _____

QUALIFYING INFORMATION

Is anyone else responsible for the decision or the tuition for the lessons? Yes _____ No _____

If yes, who? _____

Do you have any prior martial art experience? _____ What styles? _____

Do you have any physical problems or are you under any medication or treatment? _____

If yes, explain. _____

Do you participate in any scheduled recreational activities now? _____ If so, what and how often? _____

Classes are stimulating and you will realize growth, but martial arts mastery requires dedication, persistence, and a commitment to attaining your goal. We suggest at least 10 – 15 minutes of review each day you do not attend class.

Please check the learning objectives that apply to you (student) and circle the Two most important benefit (student):

Self-defense _____ Stress Reduction _____ Increased Flexibility _____ Physical Conditioning _____

Confidence _____ Martial Arts Philosophy _____ Better Concentration _____ Meet New Friends _____

Self-Discipline _____ Heightened Awareness _____ Temper Control _____ Respect for Self & Others _____

Weight Control _____ Interest in Asian Culture _____ Increased Energy _____ Law Enforcement/
Security Professional _____

Please list any friends that may be interested in self-protection and self-perfection training.

NAME

PHONE

AGE

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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Read this document carefully. Do not sign it unless you have read it and understand it in its entirety.

Print Applicant's Name

Effective Date

The above applicant wishes to participate in training opportunities presented by the Warrior's Edge Martial Arts, LLC and PAPA Aikido USA. Applicant understands that the training activities offered by the Warrior's Edge Martial Arts, LLC and PAPA Aikido USA, and other activities associated therewith, may be physically, emotionally and psychologically challenging, and that participation in such activities may involve physical contact with others, may involve use of and proximity to martial arts tools and other apparatus, and may involve mental awareness and exploration exercises, and that Applicant may thereby be exposed to risk of injury, mental distress, damage, or loss due to the nature of such activities. Applicant hereby represents that applicant is physically, emotionally, and psychologically fit to participate in such activities. Applicant understands that it is solely the applicant's responsibility to decide which activities, if any, applicant wishes to participate in and applicant understands that, at all times, applicant has the option to refrain or withdraw from any activity whatsoever. By participating in any such activity, applicant chooses to assume fully any and all risks and consequences relating thereto.

THEREFORE, IN CONSIDERATION FOR BEING ADMITTED AS A STUDENT:

Applicant hereby releases and discharges the Warrior's Edge Martial Arts, LLC, PAPA Aikido USA its principles, officers, members, employees, affiliates, agents, successors, and assigns; Michael J Eichenberg, Johnny Tenegra, their agents, heirs, executors, administrators, successors, and assigns; and any other person directly or indirectly concerned with applicant's participation in any activities related directly or indirectly to the training offered by the Warrior's Edge Martial Arts, LLC and PAPA Aikido USA from any responsibility or liability of any kind to applicant for any injury, damage, or loss of any kind that may occur directly or indirectly as a result of such participation.

Applicant hereby agrees to indemnify and hold harmless Warrior's Edge Martial Arts, LLC and PAPA Aikido USA and covenants not to bring any action, or to make any claim or demand of any kind, for any injury, damage, or loss of any kind that applicant or any other persons may sustain directly or indirectly from such participation, and applicant hereby waives any right to bring any such action or make any such claim or demand, and Applicant agrees to cause to be paid to them or their legal representatives any legal costs or fees incurred by them in connection therewith.

Applicant hereby agrees to allow Warrior's Edge Martial Arts, LLC and PAPA Aikido USA to use any or all photographs, videos, interviews, written or oral statements in its promotional, marketing, and commercial campaigns. This may include, but is not limited to, video productions of instructional videos; video productions for rebroadcast as commercial advertisements, news shows, public service announcements or public television shows; or any related video production used by the Warrior's Edge Martial Arts, LLC and PAPA Aikido USA. Applicant hereby waives all interest in any such productions and agrees to allow Warrior's Edge Martial Arts, LLC and PAPA Aikido USA to use Applicant's likeness in any such videos. Any of the heretofore-mentioned content shall be used for the purpose of promoting Warrior's Edge Martial Arts, LLC and PAPA Aikido USA in articles, newsletters, Internet advertisements and any other media presentations.

Applicant understands that medical treatment will not be made formally available. Applicant agrees to assume full responsibility for any risk or consequences associated with seeking or accepting, or failing to seek or accept any medical treatment.

Applicant makes all covenants, waiver, releases, indemnifications, representations, and other commitments contained herein knowingly and voluntarily agree that they are contractually binding on Applicant and Applicant's heirs, executors, administrators, successors, and assigns.

Applicant acknowledges that Applicant has read this agreement and understands it in its entirety.

Applicant's Signature

Age

Date

By signing this agreement, Applicant's parent or guardian acknowledges that said parent or guardian has read this agreement and understands it in its entirety, joins in this agreement fully, is bound by all of its provisions, and gives full consent to Applicant's signing and being bound by this agreement and undertaking the training and other associated activities offered through the Warrior's Edge Martial Arts, LLC and PAPA Aikido USA.

Signature of Parent or Guardian

Date

(If Applicant is under 18 years of age)