



## Areli BJJ Henley on Thames Academy Membership Form

Members Details		
Full name	DOB:	Belt Rank:
Address:		
Email:		
Telephone:		
Mobile:		
Emergency Contact:		
Emergency contact number:		
Club Waiver		
<ul style="list-style-type: none"><li>• I, the undersigned hereby waive all claims against any and all persons associated with Areli BJJ, Henley on Thames Academy.</li><li>• I understand that I am participating in a sport that has body contact.</li><li>• I assume full responsibility for all my actions during and connected to my training at the academy.</li><li>• I understand the risk of taking part in this type of sport and hereby release all employees and associates from any type of injury, loss or death sustained whilst training at Areli BJJ, Henley on Thames Academy.</li><li>• I, the undersigned also state that I am in good health and know of no reason why I cannot participate in this martial arts training.</li></ul>		

- I have current and valid health insurance.
- In case of emergency I hereby authorise any licensed medical personnel to perform any accepted medical procedure deemed necessary and I agree to bear the expense of any such treatment.
- I also agree that my attendance and/or performance at training may be photographed, filmed or taped and used for marketing purposes by any schools and I waive any compensation thereof.
- I, the undersigend have read the release above and agree to all of its terms and sign below to.  
complete this form

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please list any medical conditions we should be aware of here: