



# BREA JIU-JITSU LLC

## Membership Agreement

Last \_\_\_\_\_ MI \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_

Apartment/Unit \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Male/Female \_\_\_\_\_ DOB \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

## Contract Length

Begins \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Ends \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Upon completion of this agreement, membership will renew on a 6 month contract starting from expiration date and continue until the student receives his/her purple belt. This auto renew may be cancelled with a 30 day written notice prior to the new contract period.

If more than three (3) months remain on the length of the contract, you may exit the contract by paying 50% of the remaining balance if the contract were to continue until its termination.

You, the student, may cancel this agreement at any time prior to midnight of the third business day after the date of this agreement, excluding Sundays and Holidays.

Please initial:

## Injury Waiver

Student, the parent, or the legal guardian on behalf of the student, acknowledges and is fully cognizant of all the inherent dangers in connection with the execution of martial arts and acknowledges that the execution of martial arts requires physical exertion and contact, and realizes that there is a risk of physical injury which may be incurred while engaged in this activity. Student, parent, or legal guardian on behalf of the student, hereby waives any and all claims for any physical injury in connection with the training at the school and expressly assumes the risk of all dangers or injury inherent to the martial arts.

Parent/Guardian \_\_\_\_\_ Student (if over 18) \_\_\_\_\_

I hereby authorize Brea Jiu-Jitsu LLC or its assigns to initiate debits to the bank and my account indicated below or to charge my credit card. This authority is to remain in full force until the contract is cancelled according to the terms set forth in the above "Contract Length" section.

ETF Checking Account (Must attach void check)

Credit Card

Bank Name: \_\_\_\_\_

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

Bank Route Code: \_\_\_\_\_

Number: \_\_\_\_\_

Bank Account: \_\_\_\_\_

Exp Date: \_\_\_\_\_ Type: \_\_\_\_\_

Total Received at signing:

Monthly Payment:

Authorized Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_