

BRANSON SPORTS CLUB

KARATE

Instructor Sempai Vashon Borich
418 Buchanan Rd.
Branson, Mo 65616
(417) 334-5927
www.bransonsportsclub.com
bransonsportsclub@yahoo.com

Membership Enrollment Agreement

Full Name: _____ Age: _____

Mailing Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Emergency Phone: _____

Emergency Contact Name: _____ email: _____

All Members must understand that Branson Sports Club and instructors and other students will not be responsible for any injury done in full or in part of the activity. Horseplay will not be tolerated.

The member grants full permission to any and all of the aforementioned to record, videotape, and photograph he/she participating in the use of the facility for the purpose of security and *otherwise* without the obligation on behalf of **Branson Sports Club** or without obligation or liability to the undersigned member. This assumption of risk includes environmental, theft, illness in addition to risk associated with the use of facility or parking area surrounding the same. The member acknowledges that membership may be suspended or terminated by Branson Sports Club and its instructors if the member is in violation of any of the rules, regulations and policies, or conducts himself/herself in a manner which management deems inappropriate or disruptive, or makes false representation of information contained in this application.

The applicant hereby applies for membership at: Branson Sports Club and understands that by making this application and agreement, the member is subject to the review and approval of Branson Sports Club and its instructors, management and certifies member's compliance by signing below. As a full member; I understand and agree to abide by the rules and regulations set forth Branson Sports Club and their programs.

Note: Only Students that are enrolled are allowed in only in the area that is being used for instruction. Please be respectful to other programs by not disturbing other areas.

Member Signature or Guardian Signature

Date

BRANSON SPORTS CLUB, INC.

418 BUCHANAN RD.

BRANSON, Mo. 65616

(417) 334-5927



WAIVER OF LIABILITY

Name _____

Parents Names _____

Address _____

City _____

Phone _____

In consideration of my participation with the Branson Sports Club activities, I, intending to be legally bound, do hereby for myself, executors and administrators waive, release, and forever discharge any and all rights and claims for damages, including any claims for loss, damages, or injury to my person or property arising out of my participation with the Branson Sports Club, owner(s) of any site or property used for activities; their agents, representatives, successors and assigns that may have or claim to have against its successors or assigns to all personal injuries known or unknown, and injuries to property caused by or arising out of the above described attendance and activities.

Athlete signature

Parent's signature

CONSENT FOR MEDICAL TREATMENT

I, the undersigned, do hereby authorize and consent to any first aid, medication, medical treatment or surgery deemed necessary in case of emergency.

Athlete's signature

Parent's signature