



A.H.C.K.
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Membership Agreement

Full Name: _____ Age: _____ DOB: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Emergency Phone: _____

Emergency Contact Name: _____ email: _____

All Members must understand AHCK is a contact school and that AHCK it's 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 **American Hybrid Combat Karate**, 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 American Hybrid Combat karate facility or parking area surrounding the same. The member acknowledges that membership may be suspended or terminated by **American Hybrid Combat Karate** if the member is in violation of any of the **AHCK** 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.

Although safety measures are in place to protect the student/member during training, the student/member must understand that a possibility of injury is inherent in all types of martial arts/self-defense training.

The applicant hereby applies for membership at:

American Hybrid Combat Karate and understands that by making this application and agreement, the member is subject tot the review and approval of American Hybrid Combat Karate 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 by **American Hybrid Combat Karate**

Member Signature or Guardian Signature

Date

K Y A O A real education! Come get one!