

APPLICATION form



# RQuam Martial Arts Academy

@ rPlace...Your Space 662 Glider Lane Belgrade MT 59714

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Male ( ) Female ( )

Email address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Previous/Current Martial Arts Training \_\_\_\_\_

How

Long \_\_\_\_\_ Rank \_\_\_\_\_

General Physical Condition: Excellent Good Average Poor  
Health Concerns if any \_\_\_\_\_

I hereby release Randy Quam, Mark Hagenlock and the RQuam Martial Arts Academy and its members, officers, agents, representatives, successors or assigns from any rights and claims for damages I may have, or any liability they may incur, from any and all injuries suffered by me while participating in any class, practice, clinic, competition, or athletic event in which I may participate which is any way associated with the RQuam Martial Arts Academy. I understand and acknowledge that my participation in any activity of the RQuam Martial Arts Academy and directed by Randy Quam, Mark Hagenlock may involve risk to myself and that the Martial Arts includes strenuous physical action and bodily contact and I herewith consent to my exposure to any hazards which may be part of such activity and agree to assume the risks of any harm or injury to me that may occur because of my participation in the same. The above release shall apply to my heirs, successors, personal representatives and assigns.

I certify that I have read this application and fully understand its content and hereby submit this application for training conducted by the RQuam Martial Arts Academy, Randy Quam, Mark Hagenlock, and agree to abide by, and comply with, the rules, regulations and requirements stipulated by Randy Quam, Mark Hagenlock, and the RQuam Martial Arts Academy.

Signature of Applicant \_\_\_\_\_

Signature of Guardian if under 18 \_\_\_\_\_

\*SAM-KYO-U-E-SHIN (Trust and brotherhood among friends)