

Florida League of Martial Artists
2010 Class "A" Membership Application
Processing Fee: FLMA - \$50

Name _____

Home Address _____

City _____ ST _____ Zip _____

Phone # (____) _____ Alt. Phone # (____) _____

E-mail Address: _____

Date of Birth _____ Sex _____ Years Training _____

Driver License: State: _____ # _____

****All applicants may be subjected to a background check. All persons applying must not have been found guilty of, regardless of adjudication, or have entered a guilty plea to any offense prohibited within any of the following provisions of the Florida Statutes under the National Child Protection Act of 1993.****

Disclaimer

I, _____, the undersigned, do hereby agree to follow all rules and regulations while in attendance at events and functions associates with the Florida League of Martial Artists, whether as a competitor, spectator, official, member, or in any other capacity, and acknowledge that such participation may include certain risks of injury or other damages. Being fully aware of the risks, I assume all risk, and hereby waive any and all claims for damages from, and expressly release from any and all liabilities, whether in contract or tort and whether from negligence or otherwise, and whether at or traveling to or from the events, and expressly covenant not to sue the Florida League of Martial Artists, including its officers, shareholders, directors, employees, representatives, and agents of these entities (the FLMA and its Protected parties). In addition, in exchange for participation at the events, the sufficiency of which as consideration is hereby acknowledged by Participant, I grant to the Protected parties and their assignees, the unrestricted right to record, edit, and compile my voice, likeness, and performance, and to use said recording for in any such manner as desired by the Protected parties, and expressly waives any compensation therefore. In addition, it is understood and agreed upon by the Participant that all information regarding events sanctioned by or associated with the Protected Parties is subject to change at any time without prior notice, and Participant expressly releases the Protected Parties from any liability there from. I also agree that should any event or division be cancelled by the Protected Parties, my sole remedy shall be a refund of any entry fees paid for participation in that event or division.

Signature _____ Date _____

Make checks payable to: F.L.M.A. Fee: \$ 50.00

Mail to: F.L.M.A. (For F.L.M.A. Use Only)
c/o Muriel Patton
7709 Cedarhurst Lane, Tampa, FL 33625 Membership # _____