



South Carolina Combat Arts Alliance **Membership and Liability Form**

(Please Print or Type Clearly)

"PLEASE PROVIDE EMAIL ADDRESS"

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Home Phone() _____ Cell() _____ Email _____

Race _____ Birthday _____ Injuries? _____

Age _____ Male / Female (circle one)

Date _____ Occupation _____

Emergency Contact Name & No. _____

School Name _____

Instructor Name _____

Style or Discipline _____ Rank _____

Other Styles Studied _____

Please choose membership type:

- General Membership \$40.00 annually**
 - Instructor Membership \$60.00 annually**
 - School Membership \$ 80.00 annually**
 - One Time Event Membership \$10.00**
-

Make Checks/Money Orders payable to Lance Adams POB 25631 Columbia, SC 29224

Waiver & Release of Liability, Assumption of Risk, and Idemnity Agreement

I agree that I will not hold responsible and release S.C. Combat Arts Alliance for any injuries or damage that I may incur during my participation in classes, events, or seminars. I agree that S.C. Combat Arts Alliance will not be responsible for the injuries or damage of any adult, minor, or spectator that chooses to participate in or watch this class and its instruction. I agree that I will hold blameless any S.C. Combat Arts Alliance students, guest instructors, seminar instructors, officials, sponsors, representatives, committees, medical staff, agents, facility owner, for any injuries, personal damage, or property damage that may incur during my participation in instructional classes, tournaments, or seminars hosted by the school. I understand that the Martial and Combat Arts is an activity which can result in minor injuries, serious injuries, and possibly death. I understand and agree that any pictures or videos that are taken, may be used by the S.C. Combat Arts Alliance. I hereby waive the right I may have to inspect them and understand there is no compensation to any participant or spectator.

Participants Signature _____

School Name _____

Parents/Guardian Signature under 18 _____

Date and Time: _____



**“COMING TOGETHER AS ONE, TO BE
NUMBER ONE...”**

