



# INTERVIEW SHEET



Date \_\_\_\_\_

Student Name (s) \_\_\_\_\_ D.O. B. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Student Cell Phone \_\_\_\_\_ Student email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## **If Minor - Responsible Party/Guardian**

Mother (Guardian) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer/Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Mom's email \_\_\_\_\_

Father (Guardian) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer/Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Father's email \_\_\_\_\_

1. How did you hear about us? \_\_\_\_\_
2. What motivated you to come in today? \_\_\_\_\_
3. In what other sports/activities are your involved? \_\_\_\_\_
4. Do you (student) have previous martial arts training? \_\_\_\_\_ If yes, why did you stop? \_\_\_\_\_
5. School attending? \_\_\_\_\_ Grade \_\_\_\_\_ Type of Student ( ) Honor ( ) Average ( ) Needs a Little Help
6. How soon would you expect to see the benefits of Martial Arts? \_\_\_\_\_
7. Does student have any medical conditions of which we should be aware? \_\_\_\_\_
8. Is there anyone else with whom you will need to discuss this decision? \_\_\_\_\_

By signing below, you are agreeing that EDT may use photos or images of Student on Facebook, website, or other social media site. If you do not wish images to be used, please initial here. \_\_\_\_\_

### **WAIVER & RELEASE OF LIABILITY**

You agree that you are aware that Student/Participant ("Student") is engaging in activities and the use of equipment, training and instruction that can be dangerous to the participant and could cause injury or death to Student. Student is voluntarily participating in these activities and Student assumes all risks of injury to Student, which may result. Student, parent or guardian hereby waives and releases and forever discharges any claim at law and at equity or right to sue Elite Defense Tactics, LLC ("EDT" or "School"), EMAA Studio LLC, Championship Martial Arts, their owners, instructors, administrators, staff, employees, heirs, successors, or landlord, for any damage, loss, injury, suffering, or death to Student, which may result, known or unknown, which may be sustained by student in connection with and in course of receiving training and techniques from the instructor or instructor's staff, officials or employees either in the studio or at any remote site that School may use. Student, parent or guardian has carefully read this waiver and release and fully understands it is a release of all liability and damage and hereby waives his/her rights to the claims, actions, cause of actions, demand or suit for loss, injury, damage, or suffering sustained as a result of anything other than gross negligence on part of this school. The School will make no evaluation or recommendation whether participant is sufficiently physically fit for any activities.

LOSS/DAMAGE/THEFT OF STUDENT'S PROPERTY: The School does not assume any responsibility for the loss, damage or theft of any property belonging to the Student. Student agrees that the School and its personnel are not responsible for, or liable for, any such property even if its loss, damage, or theft occurs on or about the School's facility.

AUTHORIZED SIGNATURE (Student or Custodial Parent/Legal Guardian)

X \_\_\_\_\_

Date \_\_\_\_\_

1st Intro Date \_\_\_\_\_ 2nd Intro Date \_\_\_\_\_