



ALL-AMERICAN SAMBO FEDERATION

Все Американская Федерация Самбо

Website: www.allamericansambo.com

AASF Non for profit FIN: 01-0550737

E-mail: aasfederation@gmail.com

NYS Non for profit REGISTRATION: 40-78-49

Send your application with the check to: 15 Edison Dr., Summit NJ 07901

Individual Member Enrollment Application

Анкета члена Федерации

Membership AASF since _____
С какого времени Член Федерации

Membership fees: \$50

Членский Взнос: \$50

PHOTO	Personal Information:	
	First Name _____ Имя	Last Name _____ Фамилия
ID# _____	Home Address _____ Домашний адрес	
	City _____ Город	State _____ ZIP _____ Штат Почтовый Индекс
	DOB _____ Month / Date / Year Дата рождения	Weight division _____ Весовая Категория

Contact Information: (Контактные телефоны)	
Tel. Home _____ Домашний телефон	Fax _____ Факс
Tel. Work _____ Рабочий Телефон	Cell Phone _____ Мобильный Телефон
E-mail _____ Электронный адрес	Website _____ Интернет Страничка

Club affiliation: (Информация о клубе)	
Name _____ Название Клуба	Start date _____ Дата вступления
Address _____ Адрес Клуба	
Coach _____ Тренер	Telephone: _____ Телефон Клуба
Fax _____ Факс Клуба	E-mail _____ Адрес Электронной Почтовый
Website _____ Интернетовская Страница.	

Your martial arts experience (rank)	
Sambo: sport/combat _____ Специализация в Самбо: Спортивное / Свободный стиль / Боевое Самбо	Разряд _____
Other discipline(s) _____ Другие виды борьбы	

Signature: _____ Date: _____
Подпись Дата

Turn over please.



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Release and Waiver of Liability and Indemnity Agreement

(Read Carefully Before Signing)

In consideration of being permitted to participate in any way in the Martial Arts Program indicated below and/or being permitted to enter for any purpose any restricted area (here in defined as any area where in admittance to the general public is prohibited), the parent(s) and/or legal guardian(s) of the minor participant named below agree:

1. The parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating in the below martial arts activity or event, he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agree that, if at any time, I feel anything to be UNSAFE; I will immediately take all precautions to avoid the unsafe area and REFUSE TO PARTICIPATE further.
2. I/We fully understand and acknowledge that:
 - a. There are risks and dangers associated with participation in martial arts events and activities which could result in bodily injury partial and/or total disability, paralysis and death.
 - b. The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe.
 - c. These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but not limited to, the Releasees named below.
 - d. There may be other risks not known to us or are not reasonably foreseeable at this time.
3. I/WE accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releasees named below.
4. I/We HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the martial arts facility used by the participant, including it owners, managers, promoters, lessees of premises used to conduct the martial arts event or program, premises and event inspectors, underwriters, consultants and others who give recommendations, directions or instructions to engage in risk evaluation or loss control activities regarding the martial arts facility or events held at such facility and each of them, their directors, officers, agents, employees, all for the purpose herein referred to as "Releasee"...From all liability to the undersigned, my/our personal representatives, assigns, executors, heirs and next to kin For any and all claims, demands, losses or damages and any claims or demands therefore on account of any injury, including but not limited to the death of the participant or damage to property, arising out of or relating to the event(s) caused alleged to be caused in whole or in part by the negligence of the releasee or otherwise.
5. I/We HEREBY acknowledge that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
6. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.
7. On behalf of the participant and individually, the undersigned partners(s) and/or legal guardian(s) for the minor participant executes this Waiver and Release. If, despite the release, the participant makes a claim against any of the Releasees, the parents(s) and/or legal guardian(s) will reimburse the Releasee for any money which they have paid to the participant, or on his behalf, and hold them harmless.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Martial Arts School _____

Parent or Guardian Signature (if minor) _____

Printed Name of Participant _____

Address of Participant _____

Received by _____

Registrar Signature Printed Name Date _____