



Intro: _____

Outcome: _____

Member's Information	
Name	
Gender (circle one)	MALE FEMALE
Age & Date of Birth	& (m/d/yr)
E-mail (if applicable)	
Phone # (if applicable)	

Parent/Guardian Information (if under 18 years of age)		
Name		
Relationship to Member		
Home Phone		
Work Phone		
Cell Phone		
Address		

Emergency Contact		
Name		
Relationship to Member		
Home/Cell Phone		

Person(s) Authorized to Pick-Up Participant (if under 18 years of age)
Please list any additional people who are authorized to pick up Member (include phone #).

Additional Member Information
Do you have any medical, physical or emotional concerns that we should know about? i.e. allergies, ADHD, emotional sensitivities, or any other circumstances where extra attention may be required. Please give details:
<small>*This information will be confidential and viewed only by Driven staff to help provide an inclusive environment for all.*</small>

Waiver and Release of Liability

Express assumption of risk: I, the undersigned, am aware that there are significant risks involved in all aspects of physical training. These risks include, but are not limited to: falls, which can result in serious injury or death due to negligence on the part of myself, my training partner, or other people around me; injury or death due to improper use or failure of equipment. I am aware that any of these above mentioned risks may result in serious injury or death to myself and/or my partner(s).

I willingly assume full responsibility for the risks that I am exposing myself to and accept full responsibility for any injury or death that may result from participation in any activity or class while at Driven. I, the undersigned acknowledge that I have no physical impairments or illnesses that will endanger myself or others.

Initials: _____

Release: In consideration of the above mentioned risks and hazards and in consideration of the fact that I am willingly and voluntarily participating in the activities available at Driven, I, the undersigned hereby release Driven, their principals, agents, employees, and volunteers from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in this activity, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties.

This agreement shall be binding upon me, my successors, representatives, heirs, executors, assigns, or transferees. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect.

If I am signing on behalf of a minor child, I also give full permission for any person connected with Driven to administer first aid deemed necessary, and in case of serious illness or injury, I give permission to call for medical and or surgical care for the child and to transport the child to a medical facility deemed necessary for the well being of the child.

Driven is not responsible for any lost, stolen or damaged personal items/property.

Indemnification: The participant recognizes that there is risk involved in the types of activities offered by Driven. Therefore the participant accepts financial responsibility for any injury that the participant may either cause either to him/herself or to any other participant due to his/her negligence. Should the above mentioned parties, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless Driven, their principals, agents, employees, and volunteers from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in activities offered by Driven.

I have read and understood the foregoing assumption of risk, and release of liability and I understand that by signing it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omissions. I understand that by signing this form I am waiving valuable legal rights.

Picture Release

Use of picture(s)/film/likenesses: I agree to allow Driven, its agents, officers, principals, employees and volunteers to picture(s), film and/or likenesses to me for advertising purposes. In the event I choose not to allow the use of the aforementioned for said purposes, I agree that I must inform Driven of this in writing.

Initials: _____

Waiver Agreement and Signature (Parent/Guardian signature if under 18 years)	
Name (printed)	
Signature	
Date	
E-mail Address	



Monthly Pre-authorized Payment Form

Account Holder - *please attach void cheque or bank direct payment form	
Name	
Home Address	
City/Town, Postal Code	
E-mail	
Phone #	
Name (as on credit card)	
Credit Card #	
Expiry	

Auto Payment Details – please note this is a minimum 3-month commitment	
Monthly Withdraw Amount	
Commencing Date Recurring Withdraw Date	

I, as the account holder, authorize Driven Jiu Jitsu and my financial institution, to debit, in accordance with the Rules of the Canadian Payments Association, my account at the branch specified above, for the purpose of adding funds to my Driven Jiu Jitsu account. The information set out above may be sent to Driven Jiu Jitsu’s bank and/or financial institution to implement this authorization. Your account will be debited on your pre-established monthly billing date for the amount outlined on this form. Please note this is a minimum 3-month commitment. This authorization is to remain in effect until Driven Jiu Jitsu has received notification from me of its changes or termination. This notification must be received at least 7 days before the next debit is scheduled.

I represent and warrant that: 1. The banking and account information provided above is complete and accurate and I will promptly notify Driven Jiu Jitsu of any changes in such information; and 2. All persons required to authorize withdrawals from the account specified above have authorized the debits to be drawn from the specified account pursuant to this authorization.

Consent Agreement and Signature	
Name (printed)	
Signature	
Date (m/d/yr)	