

ATHLETES IN MOTION LLC, AIM USA INC. LIABILITY RELEASE, I, the parent or guardian of the student(s) listed below, do hereby agree to release all liability and claims, against ATHLETES IN MOTION LLC, AIM USA INC, and agree to hold harmless any liability against ATHLETES IN MOTION LLC, AIM USA INC, any sponsoring organization, facility, instructor, and any other party involved, due to any injuries, accidents, negligence, or any other circumstance arising from participation in any ATHLETES IN MOTION LLC, AIM USA INC program / activity with respect to any time prior, during and after class

PARENT/ GUARDIAN SIGNATURE: _____ DATE: _____

Students Last Name _____ Students First Name _____ Age _____

Street Address _____ City _____ Zip _____

Parent's Name _____

NO REFUNDS	
OFFICE USE ONLY	
Reg. Fee \$	_____
Class Fee \$	_____
Other \$	_____
Total \$	_____
Check #	_____
P.H. Int.	_____

Home Phone # _____ (Self Defense only) Belt Color _____ Gender _____ (Self Defense only) Stripe(s) _____ **E-mail address** _____
M / F 2 3 4

Name of school child currently attends: _____ Allergies or medical conditions to be aware of: _____
