



224 Boardman-Canfield Rd.
Boardman, Ohio 44512 USA
1-330-965-9000
email: wsma@att.net,

Business Membership Registration

2 ID Photos

For WSMA official use only	
Membership since _____ No. _____	Received \$ _____ Date ____/____/____ Name: _____

Must print with pen/no pencil

■ **Name of Business** _____ Business Since _____ years _____
Address _____ City _____ St _____ Zip _____ phone _____
Website _____ email _____ cell _____
Nature of Business _____

■ **Name** _____ Title _____ M/ F, Date of Birth ____/____/____ Age _____
Address _____ City _____ St _____ Zip _____
phone _____ Cell _____ Email _____
Any other contact person: **Name** _____ Title _____ M/ F, Date of
Birth ____/____/____ Age _____ phone _____ Cell _____ Email _____

■ **If Any Related Martial Arts Organizations or Schools**

■ If any, involved Martial Arts Style _____ Rank _____ How long _____

■ If any Martial Arts Style _____ Rank _____ How long _____

■ Any other occupation or business beside:

Employed by _____ Present position _____ Work phone _____

Emergency Contact _____ Relation _____ Phone _____ Cell _____

■ **Would like to volunteer for WSMA?** _____

Any other information: _____

Describe yourself: _____

■ **Other Instructors** _____ Rank _____ Style _____

You may visit WSMA website: www.missMartialArts.com for a listing of Martial Arts Schools.
The WSMA listing of a school is not an endorsement of the training or the facility. Own decision and risk for training.

Cash, Bank certified check, Money Order only. No personal checks or company checks. Payable to WSMA. No refund any reason.
 Visa, Master Card, Discover

Acct. No: _____ Exp ____/____/____ Security Code(back of the Card): _____

Card Billing Address: _____ City _____ ST _____ ZIP _____

Name on the Card _____ Signature: _____ Amount: \$ _____

Liability Waiver, Terms and Condition

I understand and agree to waive all claims and assume all risk of personal injury (including permanent disability, paralysis and death) occurring or sustained by me while traveling to, attending, or participating in the event or related activities or programs. I may sustain and assume all responsibility for wellbeing of myself, my heirs, personal representatives and assigns. I release WSMA, ISMA, USMAC, MPMA, organization, school (hereinafter) any of its instructors, supervisors, assistants, volunteers, judges, officers, agents, successors or assigns associated with WSMA: and save harmless WSMA from all losses caused by accident, injuries or deaths to the enrollee or to the third person who maybe contestants of the WSMA or program, In the event that either the contestants or said third person is injured in any way during the performance and execution of said event. Contestants consult your physicians before attending the event. I understand that this agreement is not transferable, I will not claim any refund or compensation unattended events or programs any related with this program at any reason at any time. I read and understand entirely the rules and regulations of the event. I will abide by said rules and regulations. If I violate these rules and regulations, I will be rejected or expelled without any refund, payment or compensation. I understand that if I violate it I will pay all the fees, losses, damages, legal fees and legal costs to the WSMA and WSMA related business. I understand that WSMA may use any of my photos, videos pictures, voice and written documents once I have participated in the events and/or programs. I agree to waive all claim any compensation for any images of me to include pictures, videos, other media used in publicity or advertising of events that are held in conjunction with WSMA or a WSMA event to include but not limited to training, exhibitions, and/or other programs. I understand any submitted material, papers and/or information to WSMA will not be returned.

I acknowledge that I have read and understand this agreement, liability waiver, rules and regulations entirely and completely.

X _____ /____/____
Signature Date Print - name

X _____ /____/____
Signature of witness Date Witness