



# Registration Form

Training Date Start (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Registration Date: \_\_\_\_\_

Training Address:  9501 Wendon St., Temple City, CA 91780

Student Name: \_\_\_\_\_ (First) \_\_\_\_\_ (Last)

Date of Birth(mm/dd/yyyy): \_\_\_\_\_ Sex:  Male  Female

Currently Attending School: \_\_\_\_\_

Parent Name: \_\_\_\_\_ (First) \_\_\_\_\_ (Last)

Contact Phone Number: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Coupon code: \_\_\_\_\_ Registration fees: \$20 Training course fees: \$150

Total: \$ \_\_\_\_\_ Down payment: \$ \_\_\_\_\_

Balance Due: \$ \_\_\_\_\_ Balance due date: \_\_\_\_\_

Payment Method:  Cash  Check Check #: \_\_\_\_\_

How did you find us?  Referral  School  Internet  
 TV  Newspaper  Radio station  
 Other

### Remarks:

- 1. Registration fee of \$ 20 covers materials, T-Shirt & training music and is non-refundable.
- 2. Lunch and refreshments: \$5 per day.

**Authorization and Release:** I, the undersigned, authorize recording, by audio, video, photograph, or other means, I or my child's participation in the programs related to MidBrain, including the right to copyright such recordings, and to use and publish them, in whole or in part. This authorization expressly includes the right to record, reproduce or otherwise use my child's face, likeness and voice. The undersigned individual hereby releases and discharges MidBrain, including their branches, employees, agents, representatives, partners, instructors, volunteers, or staff, from any and all claims and demands arising out of or in connection with the use of the foregoing and waives any rights the undersigned individual may have against MidBrain arising out of the use and publication of said material in any manner, whether for commercial purpose or otherwise.

**Waiver of Liability:** I hereby waive any and all claims of any nature whatsoever, and agree not to hold MidBrain, including their branches, employees, agents, representatives, partners, instructors, volunteers, or staff, responsible for any injuries suffered by me or my child, or loss, which I or my child may incur, that is caused in whole or in part, which may arise, occur, or be attributable to but not limited to the following: (1) a breach of any representation, warranty, or promise made by me or my child; (2) any misstatements made by me or my child; (3) my or my child's failure to follow the instructions of the instructors; (4) my failure to disclose in writing any physical impairment or condition of my child's; (5) I or my child's inability or failure to satisfactorily complete the course requirements; (6) the course offered and standard of instruction; (8) interruption or termination of the training due to illness, acts of God, civil unrest or any other unforeseen circumstances; and (9) any accident, injury or loss that occurs off of or inside/outside of the physical premises of the training place.

I have read, understand, and agree to all of the terms and conditions of this registration. I represent and warrant (1) that I (or my child) have been in good health and fully able to perform daily physical activities and (2) that I will faithfully follow all instructions given by MidBrain.

Parent/Guardian Print Name Signature Date

MidBrain representative Print Name Signature Date