

Name of organization: _____

Website address (URL): www. _____

1. Years in business: _____
2. Certification or Experience in Instruction: _____
3. Gross annual revenues: \$ _____
4. Gross payroll: _____ Number of Instructors: _____ All Other: _____
5. How many students are enrolled? _____
6. Level of contact: None Light Full
7. Please indicate the type(s) of martial arts you teach:

- | | | | |
|--|--|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Cardio Kickboxing | <input type="checkbox"/> Aikido | <input type="checkbox"/> Jeet Kune Do | <input type="checkbox"/> Judo |
| <input type="checkbox"/> Jujitsu | <input type="checkbox"/> Karate | <input type="checkbox"/> Tae Kwon Do | <input type="checkbox"/> Tai Chi |
| <input type="checkbox"/> Gracie Jujitsu | <input type="checkbox"/> Brazilian Jujitsu | <input type="checkbox"/> Kung-Fu | <input type="checkbox"/> Shotokan |
| <input type="checkbox"/> Shito-Ryu | <input type="checkbox"/> Wado-Ryu | <input type="checkbox"/> Goju-Ryu | <input type="checkbox"/> Kenpo |
| <input type="checkbox"/> Kempo | <input type="checkbox"/> Kendo | <input type="checkbox"/> Kick Boxing | <input type="checkbox"/> Muay Thia |
| <input type="checkbox"/> Conventional Boxing | <input type="checkbox"/> Savate | <input type="checkbox"/> Krav Maga | <input type="checkbox"/> Ninjitsu |
| <input type="checkbox"/> Choi Kwang Do | <input type="checkbox"/> Kung-Fu San Soo | <input type="checkbox"/> Grappling | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> MMA/Submission Fighting | <input type="checkbox"/> Training of Law Enforcement, Security Personnel or other Public Officials | | |

Other not listed above: _____

8. Use of any weapons? YES NO

If yes, what type(s): _____

9. Is there a signed hold harmless and waiver agreement on file for each student? YES NO

a. **If no**, are you willing to require this prior to the effective date of this policy? YES NO

b. Are both parents/guardians signature(s) required for minors? YES NO

10. Do you sponsor tournaments? YES NO

a. **If yes**, how many: _____

b. Number of participants per tournament: _____

c. Do you obtain waivers/hold harmless agreements from participants of tournaments you sponsor? YES NO

11. Do you carry accident medical insurance for participants? YES NO

If yes, please provide details of insurance carrier, policy number and limits? _____

12. Do you lease out your premises to others? YES NO

If yes, please provide details: _____

Did you confirm the lessee has general liability insurance and you are added as an additional insured under that policy? YES NO

13. Do you sell products at your location(s) such as weapons, uniforms, vitamins, etc.? YES NO

Total Sales \$ _____

If yes, please describe: _____

Signed: _____ Name: _____

Title: _____ Date: _____