

## Martial Art Waiver

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Medical Information		
Question	Yes	No
Do you have a history of heart issues?		
Have you ever experienced tightness or pain in your chest?		
Have you had a stroke?		
Do you have high or low blood pressure?		
Do you have issues with severe dizziness?		
Are you a diabetic?		
Are you pregnant?		
If you answered yes to any of the questions above you will need a doctor's release to use the Martial Art Company's facilities.		
Emergency Contact Information		
Name		
Relationship		
Home Phone		
Work Phone		
Cell Phone		
Martial Art Assumption of Risk & Waiver of Liability		
<p>The Student hereby represents that he / she is in good physical condition and is fully capable to use the Martial Art facilities.</p> <p>The Student acknowledges that he / she is aware of the risks and hazards that are inherent in the practice of martial arts and assumes voluntarily all the risks of loss, damage or injury including the possibility of death that may be sustained by the Student or to his / her property.</p> <p>In signing this Martial Art waiver the undersigned acknowledges that they have read and fully understand this release and sign it voluntarily.</p>		

Student's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_