



# MARTIAL ARTS SAFETY WAIVER

Today's Date: \_\_\_\_\_ Appt Time: \_\_\_\_\_  
Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Would you like to receive alerts via text? Yes or No  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent / Guardian Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employed By: \_\_\_\_\_  
Email: \_\_\_\_\_ Okay to use this email to send info? Yes or No

How did you hear about our school? (Check)

Newspaper      Direct Mail      Walk-in      Member (who?)  
Flyer      Phone Book                              

Do you have any previous experience in martial arts? Yes or No? If yes, Please describe:  
What benefits are you looking forward to receiving in our martial arts program?

- Physical Fitness      — Self Control      — Sports Aspect
- Meditation      — Respect      — Self Defense
- Self Awareness      — Self Discipline      — Other \_\_\_\_\_
- Self Confidence      — Weight Control

## Student's Medical History

When was your last physical exam? \_\_\_\_\_ Are you taking any medications? \_\_\_\_\_  
Do you have any previous injuries that may restrict your training? \_\_\_\_\_  
Any other restrictions we should know of? \_\_\_\_\_

Section B (Please Print)

**Program:** \_\_\_\_\_ **Price:** \_\_\_\_\_

I, \_\_\_\_\_, Residing at the above stated address, hereby agree to take a training course in martial arts at the World Martial Arts Academy (the Academy") Beginning on \_\_\_\_/\_\_\_\_/\_\_\_\_ ending on \_\_\_\_/\_\_\_\_/\_\_\_\_.

("The Membership Plan")

**WAIVER RELEASE AND INDEMNIFICATION.** You (the Buyer and/or Member) understand and agree that you are aware that, under the Membership Plan, you shall be engaging in physical activities, including but not necessarily limited to, training and instruction in the Martial Arts, which necessarily includes physical contact which could cause injury to you (the "Activities"). You are voluntarily participating in these activities and assume all risks of injury which might result. You hereby agree to waive any claims or rights you might otherwise have against the Academy, its affiliates, owners, employees, agents and assigns (collectively the "Releases") for injury, loss or damages arising out of or relating to the Activities including, but not limited to, those risks which may be associated with or attributed to any negligent act, omission or fault of the Releases (the "Waived Risks"). You further agree to indemnify, save and hold harmless the Releases from any claim, loss or damages, including but not limited to their attorneys' fees, to which they may be subjected arising out of, or relating to, this agreement, the Membership Plan, or the Activities including, but not necessarily limited to, the Waived Risks. You further agree to release the Academy from any liability for any loss or theft of personal property.

This contract constitutes the entire and exclusive agreement between the parties. Any promises, representations, understandings and/or agreements pertaining directly or indirectly to this contract which are not contained herein, are hereby waived. No oral changes are binding. Any and all payments are non-refundable. Testing fees are not included in class prices.

I have read and understood this agreement

World Martial Arts Academy may use the information listed above to contact you regarding special offers and/or activities provided by their facilities. Please initial here if you do not wish to be contacted regarding these special offers: \_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
PRINT Parent / Guardian Name

Date: \_\_\_\_\_