



# MASON DIXON MARTIAL ARTS STUDENT INFO & WAIVER

NAME \_\_\_\_\_ Phone# \_\_\_\_\_

EMAIL \_\_\_\_\_

I, THE ABOVE NAMED PARTICIPANT, BY SIGNING THIS DOCUMENT HEREBY DECLARE THAT I FULLY REALIZE AND CLEARLY UNDERSTAND THE INHERENT DANGERS INVOLVED IN ENGAGING IN THE PRACTICE OF MARTIAL ARTS AND RELATED ACTIVITIES. I FULLY REALIZE AND CLEARLY UNDERSTAND THAT I AM PLACING MYSELF IN DANGER OF POSSIBLE BODILY INJURY. IT IS WITH FULL REALIZATION AND CLEAR UNDERSTANDING OF THE AFOREMENTIONED DANGERS THAT I AGREE TO BECOME A PARTICIPANT IN THIS ACTIVITY AND HEREBY AGREE TO THE FOLLOWING TERMS AS A CONDITION FOR PARTICIPATION IN THESE CLASSES:

- THAT DURING AND AT ALL TIMES THAT I AM A PARTICIPANT IN THIS ACTIVITY AND ANY RELATED ACTIVITY, SUCH AS TOURNAMENTS, WORKSHOPS, AND DEMONSTRATIONS, I SHALL BE LIABLE FOR ANY AND ALL INJURIES I SUSTAIN OR INCUR DURING AND RELATED TO THE COURSE OF INSTRUCTION, EXERCISES, PRACTICE, AND RELATED ACTIVITIES AND WILL NOT HOLD THE SPONSOR[S], ITS GOVERNING BODY[IES], OFFICIALS, EMPLOYEES AND MEMBERS OF MASON DIXON MARTIAL ARTS ACADEMY LLC, EITHER INDIVIDUALLY OR OTHERWISE, LIABLE FOR ANY SUCH INJURIES OR ANY LOSS OR DAMAGES ARISING THEREFROM. I ALSO REALIZE THAT I AM RESPONSIBLE FOR PROVIDING MY OWN MEDICAL INSURANCE OR MEDICAL COVERAGE TO COVER ANY AND ALL MEDICAL EXPENSES I MIGHT INCUR IN PARTICIPATING IN THIS ACTIVITY. I FURTHER REALIZE THAT EVEN WITH A COMBINATION OF INSURANCE POLICIES THERE MAY BE ADDITIONAL MEDICAL EXPENSES NOT COVERED BY INSURANCE, AND I MUST ASSUME ANY AND ALL FINANCIAL RESPONSIBILITY BEYOND WHAT ANY INSURANCE POLICY/IES MAY PROVIDE.
- THAT I, INTENDING TO BE LEGALLY BOUND, HEREBY FOR MYSELF, MY HEIRS, EXECUTORS, AND ADMINISTRATORS, RELEASE, DISCHARGE WAIVE AND RELINQUISH ANY AND ALL RIGHT TO DAMAGES, CLAIMS OR ACTIONS I HAVE AGAINST THE MASON DIXON MARTIAL ARTS ACADEMY LLC,, ITS GOVERNING BODY[IES], OFFICIALS, EMPLOYEES AND MEMBERS, EITHER INDIVIDUALLY OR OTHERWISE, FOR INJURIES OR RIGHTS TO LOSSES OR DAMAGES SUFFERED BY ME, DIRECTLY OR INDIRECTLY, INCLUDING ANY FUTURE PSYCHOLOGICAL AND/OR PHYSICAL INJURY, PAIN AND SUFFERING, PROPERTY DAMAGE AND/OR WRONGFUL DEATH CLAIMS, INCLUDING BUT NOT LIMITED TO ATTENDING, PARTICIPATING IN, PRACTICING FOR, TRAVELING TO OR FROM SUCH ACTIVITY OR ANY RELATED ACTIVITIES, OR THOSE CLAIMS OR ACTIONS ARISING OUT OF ANY NEGLIGENCE ON THE PART OF MASON DIXON MARTIAL ARTS ACADEMY LLC,, THE OWNERS, ORGANIZATIONS, GOVERNING BODY[IES], EMPLOYEES, MEMBERS OR INSTRUCTOR(S), EITHER INDIVIDUALLY OR OTHERWISE, OF THE GYMNASIUM, DOJO, SCHOOL, OR PLACE WHERE THESE OR RELATED ACTIVITIES ARE HELD.
- THAT I ALSO AGREE TO DEFEND, INDEMNIFY, AND HOLD THE SPONSOR[S], ITS GOVERNING BODY[IES] OR EMPLOYEES, OR THE INSTRUCTORS OF THE PROGRAM, EITHER INDIVIDUALLY OR OTHERWISE, HARMLESS FROM ANY CLAIMS AND ACTION BY THIRD PARTIES ALLEGING INJURY FROM MY USE OF THE TECHNIQUES AND SKILLS LEARNED DURING AND RELATED TO THE COURSE OF INSTRUCTION, EXERCISES, PRACTICE, AND RELATED ACTIVITIES.
- THAT I HAVE CONSULTED WITH MY A PHYSICIAN AND THAT I AM IN PROPER HEALTH AND PHYSICAL CONDITION TO PARTICIPATE IN THE ACTIVITIES STATED ABOVE. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, I HAVE NO PREEXISTING PHYSICAL CONDITION THAT MAY RESULT IN A DANGER TO MYSELF, OR OTHERS, THROUGH THE PARTICIPATION IN A PHYSICALLY INTENSE PROGRAM, OR PHYSICAL CONTACT WITH OTHERS.
- THAT I FURTHER AGREE TO FOLLOW ALL RULES AND INSTRUCTIONS, BOTH WRITTEN AND VERBAL, AS STATED IN THE STUDENT HANDBOOK AND/OR BY THE OFFICIALS AND/OR AUTHORIZED INSTRUCTORS.
- THAT I WAIVE ANY AND ALL RIGHTS TO COMPENSATION, IN ANY FORM, FOR PICTURES, FILMS, OR VIDEOTAPES TAKEN OF ME IN THE ABOVE ACTIVITY AND GRANT PERMISSION FOR THEM TO BE USED FOR ANY PUBLICITY OR PUBLICATION PURPOSES.
- THAT IF ANY PROVISION IS FOUND TO BE UNENFORCEABLE OR INVALID, THAT PORTION SHALL BE SEVERED FROM THIS CONTRACT. THE REMAINDER OF THE CONTRACT WILL THEN BE CONSTRUED AS THOUGH THE UNENFORCEABLE PROVISION HAD NEVER BEEN CONTAINED IN THIS CONTRACT.
- I FURTHER AGREE THAT THE EXECUTION OF THIS AGREEMENT IS CONSIDERATION, IN PART, FOR BEING ABLE TO PARTICIPATE IN THIS ACTIVITY AND I UNDERSTAND THAT MY FAILURE TO EXECUTE THIS AGREEMENT IN FULL WOULD RESULT IN MY NOT BEING ABLE TO PARTICIPATE IN THE ABOVE STATED ACTIVITY, EXERCISES, PRACTICE, AND RELATED ACTIVITIES CONDUCTED BY THE OFFICIALS AND/OR INSTRUCTORS OF THIS PROGRAM THROUGH THE SPONSORING AGENCY. I ALSO UNDERSTAND THAT I HAVE THE RIGHT TO RECEIVE A COPY OF THIS PARTICIPANT AGREEMENT UPON MY REQUEST.

THIS AGREEMENT IS TO REMAIN IN EFFECT UNTIL REVOKED IN WRITING AND SUCH WRITTEN REVOCATION IS DELIVERED TO MASON DIXON MARTIAL ARTS ACADEMY LLC,, OR ITS AUTHORIZED REPRESENTATIVE.

CONCUSSION AWARENESS - \_\_\_\_\_ (Initial) Also visit website <http://www.cdc.gov/concussion/HeadsUp/youth.html>

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT'S OR LEGAL GUARDIAN'S SIGNATURE

[www.masondixonma.com](http://www.masondixonma.com)  
[masondixonma@gmail.com](mailto:masondixonma@gmail.com)



## MASON DIXON MARTIAL ARTS STUDENT INFO & WAIVER

Student's name \_\_\_\_\_

Date of Birth \_\_\_\_\_

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

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Numbers \_\_\_\_\_

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

Notable Medical Conditions

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact

Name \_\_\_\_\_

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

Address \_\_\_\_\_

Waiver complete \_\_\_\_\_

I authorize medical staff, Emergency medical technicians, hospital and any certified medical staff, to include those trained in CPR, to perform medical procedures necessary for life saving and rehabilitation should I not be capable of making an informed decision due to injury sustained while training at Mason Dixon Martial Arts Academy LLC.

Authorize to treat in emergency situation (initial here) \_\_\_\_\_

Today's Date \_\_\_\_\_