

INFORMATION SHEET AND LIABILITY WAIVER

Welcome to the Zen Life Center! Thank you for taking a moment to fill out our questionnaire. This will better help us assist you in achieving your goals.

How did you hear about us? _____

Do you have any previous martial art experience? Yes / No If yes, what style, and how was your experience? _____

What interests you about training in the martial arts? _____

What are your martial art and fitness goals? _____

Which martial arts training are you interested in (Tae Kwon Do, Kung Fu, Fitness Training, MMA)?

Are there any special concerns that you have? _____

Participant's PRINTED NAME(S): _____

Participant's Age(s): _____ Birth Date(s): _____

Participant's Signature: _____

Parents or Guardian's PRINTED NAMES: _____

Parent or Guardian's Signature: _____ Date: _____

Cell Number: _____ Email: _____

Home Address: _____

Workplace: _____ Work Phone: _____

Emergency Contact (& Relationship): _____ Phone: _____

Witness Signature (Staff Only): _____ Today's date: _____

Ask us about our guest referral incentives! If you refer a guest who signs up, you receive \$25 in The Zen Life Center money good towards anything in our Pro Shop!

Is there anyone that you would like to give a FREE VIP WEEK Pass to?

Name: _____ **Age:** _____ **Contact info:** _____

Comments: _____

The Zen Life Center COVID-19 and Liability Waiver

Please initial at the highlighted areas below:

_____ In consideration of my active participation in the training and activities associated with The Zen Life Center, I do hereby, for myself, my heirs, executors, and administrators waive release and forever discharge any and all rights and claims for all damages which I or my child, or family member may have, or which may accrue me or my child, against The Zen Life Center, or their respective officers, agents, representatives, successors, and/or assigns, against any member for any and all damages which may be sustained by me and/or my child. This will also extend to any activities and/or traveling outside but associated with The Zen Life Center.

_____ I understand that there is a high risk of physical injury including death that can occur while participating in martial arts training, even while wearing protective gear. I am also aware that martial arts' training does consist of strenuous training and hard physical contact.

_____ I am in good physical and mental health and will notify The Zen Life Center if any future health problems will hinder my training. If any cost due to injury may occur, I do have my own medical insurance that will cover all costs. I do knowingly and voluntarily give up my legal rights against all of these persons and entities.

_____ I hereby, am aware of the potential risk of exposure of COVID-19 or any other underlying illnesses or viruses by being in contact with any surface areas or person(s), and understand that The Zen Life Center holds no responsibility for any transmission or exposure of those illnesses or viruses inside or outside the facility.

_____ I waive release and eternally discharge any and all rights and claims for all viruses and illnesses which I, my child, or family member may contract or have, against The Zen Life Center or any member and all illnesses or viruses which may be sustained by me and/or my child. This will also extend to any travelling outside but associated with the Zen Life Center.

_____ I am aware that when entering The Zen Life Center facility, I, my child, or any family member, will be required to have temperatures taken upon arrival and if refusal occurs, I will not be able to enter the facility. This is for the consideration for the health and safety of other Zen Life Center members as well as our staff.

_____ I am aware the Zen Life Center uses video and audio surveillance throughout its facility, with exception of its restrooms.

_____ In consideration of the health and safety for myself, other members, and staff, I understand that if The Zen Life Center's maximum capacity is met, I will be asked to leave the facility.

Parent/Guardian or Student PRINTED NAME: _____

Parent/Guardian or Student SIGNATURE: _____

Date: _____

Witness Signature (Staff Only): _____ **Date:** _____