

## INFORMATION SHEET AND LIABILITY WAIVER

Welcome to Adventure Martial Arts! 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? \_\_\_\_\_

\_\_\_\_\_

### Liability Waiver

In consideration of my active participation in the training and activities associated with Adventure Martial Arts, 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 Adventure Martial Arts, 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 Adventure Martial Arts. 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 Adventure Martial Arts 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.

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 \_\_\_\_\_

Home number: \_\_\_\_\_ Cell : \_\_\_\_\_ Email: \_\_\_\_\_

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

Work Place: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact (relationship): \_\_\_\_\_ Phone: \_\_\_\_\_

Witness' Signature: \_\_\_\_\_ Today's date: \_\_\_\_\_

**Ask us about our guest referral incentives! If you refer a guest who signs up, you receive \$25 in Adventure Martial Arts 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:** \_\_\_\_\_