



## INTRODUCTORY WAIVER

Parma Family Martial Arts Center: 5596 Ridge Rd. Parma, Ohio 44129

Name: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

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

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  Mobile Phone  Home phone.

Email address: \_\_\_\_\_

### Disclosure of Risks: General Release:

The student recognizes that the study of Martial Arts includes learning self defense techniques, the purpose of which is to defend against physical harm. Students also understand that martial arts is a physically strenuous discipline that involves substantial physical exertion and which by its nature can cause serious physical harm. The student is fully aware of and expressly assumes all risks involved.

The student and in case of a minor child, his or her parents, for themselves, their heirs and representatives, and for all others claiming by or through them, fully and forever release Parma Family Martial Arts Center, its agents, instructors and all other students from any and all claims, causes of action, injuries, or damages of whatever nature, whether to person or property, whether direct, consequential, or incidental, whether known or unknown, suspected or suspected, fixed or contingent, whether filed or unfiled, present or future, relating to or arising out of their study or practice of Martial Arts.

Former students shall not open or work for a martial arts facility or teach martial arts for compensation of any kind within 25 miles of the school for 5 years before or after leaving Parma Family Martial Arts Center without written consent.

I acknowledge receipt of this handbook and agree to its contents. I agree that photographs and videotapes of me and or my child(ren) at the school or actively participating in martial arts activities may be used for publicity of Parma Family Martial Arts Center and or Instructor/Student training purposes and/or on website. I agree that Parma Family Martial Arts Center and CERTIFIED appointed instructors/staff may administer first aid to me and or my child(ren) and shall contact me and, or local emergency services if required.

I the undersigned do hereby voluntarily submit my application for the participation and do hereby assume full responsibility for any and all damages, injuries, or losses that I may sustain or incur while participating. I hereby waive all claims against the Parma Family Martial Arts Center and their instructors or said institution individually or otherwise, for any damages, injuries or losses that I may sustain or incur. I consent that any pictures furnished by me or any pictures taken of me in connection with the lessons can be used for publicity, promotion or television showing now or in the future, and I waive compensation in regard thereto.

(If the participant is under 18 years of age, the waiver must be signed by a parent or guardian.)

Signature of Participant \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

**WE RESERVE THE RIGHT TO REFUSE ANY ENTRY**

PARMA FAMILY MARTIAL ARTS CENTER



## Medical History Sheet

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

Do you have any of the following?

	Yes	No	If yes, explain	Medications?
High Blood pressure	_____	_____	_____	_____
Heart Problems	_____	_____	_____	_____
Diabetes	_____	_____	_____	_____
Thyroid disease	_____	_____	_____	_____
Asthma	_____	_____	_____	_____
Bronchitis	_____	_____	_____	_____
Emphysema	_____	_____	_____	_____
Kidney Problems	_____	_____	_____	_____
Liver Problems	_____	_____	_____	_____
Seizures	_____	_____	_____	_____
Dizziness	_____	_____	_____	_____
Fainting Spells	_____	_____	_____	_____
Eye Problems	_____	_____	_____	_____
Hearing Problems	_____	_____	_____	_____
Arthritis(Where)	_____	_____	_____	_____
Back Problems	_____	_____	_____	_____
Other bone and/or muscle problems	_____	_____	_____	_____
Allergies?	_____	_____	_____	_____
Any other medical problem not mentioned above?	_____	_____	_____	_____
Have you ever had a heart attack?	_____	_____	_____	_____
Have you ever had an operation?	_____	_____	_____	_____
Do you smoke?	_____	_____	_____	_____
Has your doctor ever advise you against any type of physical exercise?	_____	_____	_____	_____

To the best of my knowledge, all the statements indicated above are true.

Signature of Participant/Guardian \_\_\_\_\_ Date \_\_\_\_\_



## Emergency Contact Information

Notify/Relationship: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Notify/Relationship: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

New Student Survey:

How did you find/hear about Parma Family Martial Arts Center?

What are your goals for you / your child while in class?

Any other questions, comments, or concerns?