

Martial Arts Class Insurance Waiver Form

Full Name

Date

Address

Phone Number

Email Address

Emergency Contact

Emergency Contact Name

Emergency Contact Phone

Waiver & Release of Liability

I acknowledge and understand that participation in martial arts classes involves physical activity and certain inherent risks. I assume all risks associated with my participation and release the martial arts school, instructors, staff, and affiliates from any liability arising from injury, loss, or damages.

I certify that I am physically fit and have no medical condition that prevents me from participating. I give permission for emergency medical treatment to be administered if necessary.



I have read, understand, and agree to the above waiver and release of liability.

Signature

Date

