

Martial Arts Trial Class Waiver

Please read and complete this waiver form prior to participating in the trial class.

By signing below, I acknowledge the following:

- I am voluntarily participating in a martial arts class and understand that physical activity involves inherent risks of injury.
- I release the instructors, staff, and facility from any liability for injuries or losses that may occur as a result of participation.
- I certify that I am in good physical condition or have disclosed any current medical issues to the instructors.
- I agree to follow all rules and instructions provided during the class.

Participant Name

Date of Birth

Email Address

Phone Number

Emergency Contact Name & Number

Medical Conditions or Allergies



I have read, understood, and agree to the terms above.

Participant Signature

Date

Parent/Guardian Name (if under 18)

Parent/Guardian Signature

Date