

Martial Arts Dojo Waiver and Release

I, the undersigned, acknowledge and fully understand that participation in martial arts involves risk of injury, including but not limited to, serious bodily harm. I voluntarily assume all risks associated with my participation in activities at this dojo.

I hereby release, waive, discharge, and covenant not to sue the dojo, its instructors, employees, representatives, or agents from any and all liability for any injuries, damages, claims, or causes of action resulting from my participation.

I have read and understand the dojo rules and agree to abide by them at all times.

Participant Information

Participant Name

Date of Birth

Address

Phone Number

Email

Emergency Contact

Name

Phone Number

Relationship

Medical Information

Please list any relevant medical conditions



I have read and agree to the above waiver and release.

Signature

Date