

EVOLUTIONARY MARTIAL ARTS

Waiver & Release Form

Please fill out all fields

<u>Office Use:</u>
Class: _____
Trial Start: _____
Trial End: _____

Today's Date _____ Adult _____ Child _____

Participant Name: _____

Address: _____

City _____ State: _____ Zip Code _____

Email: _____ Referred by: _____

Home Phone () _____

Cell Phone () _____

Date of Birth _____ Age _____

Parent if under 18 / Emergency Contact

Relationship: _____ Name: _____

Phone () _____ Family Physician: _____

Are you taking medication? Circle: Yes/ No If yes, please list on the back of form. Please print.

Please list any medical restrictions (ex: Asthma, Diabetes, Limb Ailments, Previous Injuries)

BEFORE ENGAGING IN ANY PHYSICAL FITNESS PROGRAM, YOU SHOULD CONSULT WITH YOUR PERSONAL PHYSICIAN AND ADVISE THEM OF THE NATURE OF THE PROGRAM. STUDENT/ VISITOR/ GUEST AGREES THAT ALL EXERCISE AND/OR COURSES ARE UNDERTAKEN AT HIS/HER OWN RISK. THE STUDENT/ VISITOR/ GUEST UNDERSTANDS THE PROCEDURES AND EXERCISES INVOLVED IN INSTRUCTION AND PARTICIPATION AS EXPLAINED TO HIM/HER BY A REPRESENTATIVE OF EMA/ ARMY OF ONE PERSONAL FITNESS LLC. THE STUDENT/ VISITOR/ GUEST OR TO A THIRD PERSON, WHO MAY BE A STUDENT/ VISITOR/ GUEST OF THE FACILITY. OR SAID THIRD PERSON IS INJURED IN ANYWAY DURING THE PERFORMANCE AND EXECUTION OF EXERCISES. I AGREE AND UNDERSTAND THAT EMA/ ARMY OF PERSONAL FITNESS LLC/ EVOLUTIONARY MARTIAL ARTS, ITS INSTRUCTORS, EMPLOYEES OR AGENTS SHALL NOT BE HELD LIABLE OR RESPONSIBLE FOR PERSONAL INJURIES OR DAMAGED OR STOLEN ARTICLES INSIDE OR OUTSIDE THE FACILITY. I, THE UNDERSIGNED THOROUGHLY AGREE TO, AND UNDERSTAND THE INFORMATION STATED ABOVE.

X _____

SIGNATURE