

# Martial Arts School Student Waiver and Release of Liability

Please read this document carefully. By signing this document, you are waiving certain legal rights. This document is intended for print and physical record-keeping.

## 1. Student Information

Student Full Name:

Date of Birth (MM/DD/YYYY):

Street Address:

City, State, Zip Code:

Phone Number:

Email Address:

## 2. Emergency Contact Information

Emergency Contact Name:

Relationship to Student:

Emergency Phone Number:

## 3. Liability Waiver, Release, and Assumption of Risk

I, the undersigned, understand and acknowledge that martial arts training (including but not limited to Karate, Taekwondo, Jiu-Jitsu, Judo, Muay Thai, sparring, and self-defense drills) is a physical, high-contact sport. I understand that participation involves inherent risks of physical injury, which may include, but are not limited to, scrapes, bruises, sprains, fractures, concussions, or other serious bodily injury.

I hereby assume all risks associated with my participation (or my child's participation) in classes, demonstrations, sparring sessions, tournaments, and any other activities organized by the Martial Arts School. I certify that the student is in good physical health and does not suffer from any medical condition that would limit safe participation in physical training.

In consideration of being permitted to train, I release, waive, discharge, and covenant not to sue the Martial Arts School, its owners, instructors, employees, and affiliates from any and all liability, claims, or demands arising out of any injury, loss, or damage sustained during training or while on the school premises.

## 4. Acknowledgment and Signature

By signing below, I acknowledge that I have read and fully understand this Waiver and Release of Liability, and I agree to its terms voluntarily.

Parent/Guardian Name (if student is under 18):

Signature (Student or Parent/Guardian):

Date Signed (MM/DD/YYYY):