

**Injury Waiver**

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student/Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name (if under 18 yrs.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student/Client Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class Participating in:

\_\_\_\_\_\_\_\_\_ Martial Arts (kids and adults)

\_\_\_\_\_\_\_\_\_ TAPS (Self-Defense)

\_\_\_\_\_\_\_\_\_ TRX

\_\_\_\_\_\_\_\_\_ Kickboxing

\_\_\_\_\_\_\_\_\_ Muay Thai

\_\_\_\_\_\_\_\_\_ Catch 30

**\_\_\_\_\_\_\_\_\_** Cardio Latin Dance

\_\_\_\_\_\_\_\_\_ Jiu-Jitsu

\_\_\_\_\_\_\_\_\_ I understand that the classes I take can be physical and the practice of such arts can result in injury to a student/client.  Accordingly, student/clients shall participate at his or her own risk and it is expressly agreed that Impact Martial Arts and Fitness shall not be liable for any claims, injuries, damages or actions whatsoever to member or member’s property arising out of the practice of these arts or connected use of any use of the services or facilities of Impact Martial Arts and Fitness and member does hereby expressly release and discharge Impact Martial Arts and Fitness from all such claims, injuries, damages or causes or action and from all acts of active or passive negligence on the part of Impact Martial Arts and Fitness, and it’s instructors, students, staff members and volunteers of Impact Martial Arts and Fitness.

Yes No Does the student/client have any medical conditions that may affect in any way his/her participation in physical activity, if yes please explain.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read, understand and accept this agreement.

Student/Client signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Impact Martial Arts and Fitness Staff Member Initials: \_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_