KRAV MAGA INTERNATIONAL

(914) 813-8000 • www.TrueChampionZ.com

RELEASE WAIVER FORM

Today's Date: _____/_____/_____
Student Name: (First)_____(Last):_____
Parent/Guardian Name: (First)_____(Last):_____
Student Date of Birth:_____/_____/_____Parent/Guardian Date of Birth: _____/_____/_____
Street Address: _____ City:_____
State:_____ Zip Code:_____
Phone:(_____)_____Business:(_____)_____Phone:(_____)_____
Cell:(_____)_____Cell:(_____)_____ Phone:(_____)_____
E-Mail:_____

Emergency Contact:_____
Emergency Phone:(_____)_____
Doctor Name: _____Phone:(_____)_____
Dentist Name: _____Phone:(_____)_____

Please list any medical information we need to know:
_____
_____
_____
_____
_____

I, the Student/Parent/Guardian, _____ hereby warrant and represent that the Student is in good physical condition and is able to participate in the Martial Arts Training and Fitness Training. I, the Student/Parent/Guardian, agree and understand that Martial Arts is strenuous physical activity and that I, the Student/Parent/Guardian, have advised KRAV MAGA INTERNATIONAL INC at this time of any physical and/or mental disability that the Student may have, and, that the Student will participate in this training at the Student's own risk. I, the Student/Parent/Guardian, hereby voluntarily, and with free will, assume the risk of any personal injuries that the student may sustain arising out of their/my participation in the KRAV MAGA INTERNATIONAL classes. I, the Student/Parent/Guardian, HEREBY WAIVE , RELINQUISH and/or SURRENDER ANY RIGHTS OR CLAIMS that we may have against KRAV MAGA INTERNATIONAL, INC., including its' owners, staff, employees, directors, and/or promoters due to the negligence thereof. This Student/Parent/Guardian's signature acknowledges that I have read the above and any question regarding the Student's participation in KRAV MAGA INTERNATIONAL classes have been answered to our satisfaction.

I agree that there have been no warranties, expressed or implied, which have been made to me beyond the information written on this form. I, the undersigned, acknowledge that I have read this Warning Assumption of Risk, Hold Harmless, Indemnification and Release of Liability agreement and I understand its contents. I understand that my signature below expressly waives any rights I may have to sue KRAV MAGA INTERNATIONAL, Inc. for injuries and/or damages.

Student Signature:_____ Date: _____/_____/_____

Parent and/or Guardian Signature:_____ Date: _____/_____/_____

KRAV MAGA INTERNATIONAL Signature:_____ Date: _____/_____/_____