



PERSONAL HISTORY

Student Name: _____ D.O.B. _____

Student Name: _____ D.O.B. _____

Student Name: _____ D.O.B. _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Parent's Name (if under 18): _____

How did you hear about us? _____

What classes are you interested in? _____

Email address: _____

Emergency Contact Name: _____ Phone: _____

Any Medical Problems/Medications? _____

Any Allergies or Allergy Medications? _____

Any Restrictions? _____

I hereby give my permission to Edmond Martial Arts Academy to have myself or my child treated in case of emergency.

Edmond Martial Arts Academy urges all members to obtain a physical examination from their physician prior to participation in any Martial Arts or fitness class. In recognition of the possible dangers connected with any physical activity, member(s) hereby knowingly and voluntarily waive any right or course of action of any kind whatsoever arising as the results of such activity from which any liability may or could occur to above named school, its officers, employees, or instructors.

Name: _____ Signature: _____ Date: _____

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ACKNOWLEDGEMENT AND RELEASE FORM

I, _____, on behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby forever release, discharge and hold harmless Edmond Martial Arts Academy, LLC, representatives and agents for any injury, loss or damage to my person or property howsoever caused, arising out of or in connection with me taking part in Martial Art Classes, Self-Defense Seminars and activities and notwithstanding that the same may have been contributed to or occasioned by the negligence of Edmond Martial Arts Academy, LLC, representatives or agents.

Please note: Participants must supply their own protective equipment. The waiver was read and he/she agrees to abide by it.

MEDIA RELEASE

Photo Release: I hereby give my permission for Edmond Martial Arts Academy to use photo or video of me/my child for the website, marketing or advertising, for which I will receive no compensation. Photos are property of Edmond Martial Arts Academy.

Signature: _____

Date: _____