

HEALTH QUESTIONNAIRE and REGISTRATION-Adults (14 and older)

Date: _____

Full Name: _____

Date of Birth: _____ Sex: _____

Phone Number: _____

Email Contact: _____

Have you practiced any form of martial arts previously? YES NO

If YES, please state the major reason why you discontinued.

Are you taking over the counter or prescription medication regularly at home?
Yes No

If Yes, what? _____

Do you have known environmental or food allergies? Yes No

If Yes, what? _____

Have you ever had seizures? Yes No

Do you have any chronic diseases such as Diabetes, High Blood Pressure, Heart disease, or strokes? Yes No

If Yes, what? _____

**PARTICIPANT ACKNOWLEDGEMENT AND ASSUMPTION OF RISK RELEASE,
WAIVER OF CLAIM AND INDEMNITY AGREEMENT**

(Read thoroughly and carefully before signing and submitting to the instructor at the first class)

In consideration of Sabean Karate Academy

Accepting _____ (participant) participating in karate training including kata, bo, mat work, breakfalls, and kumite (program) with the dojo, I/we acknowledge and agree that:

1. The Academy includes its officers, directors, instructors, coaches, chaperones, agents and employees, and their heirs and personal representatives.
2. The participant has met all the prerequisites required for participation in the program.
3. The participant will abide by the rules and regulations imposed on the Participant in the program.
4. There are risks and hazards inherent in the very nature of the program and that as a result of these risks and hazards, the participant may suffer personal or fatal injuries, whether the Academy has been negligent, but nevertheless, the participant willingly and voluntarily assumes such risks and hazards and accordingly, the participation in the program shall be entirely at the participant's own risk.
5. The participant releases the Academy from any liability and waives any claim that the participant may have against the Academy arising from participation in the program and agrees to indemnify and save harmless the Academy from any claim made as a consequence of the participant's activities in the program.
6. The Academy may secure such emergency medical services as may be necessary for the participant's health and the participant shall be financially responsible for such emergency services.
7. In the event that the participant is a minor, I/we _____ (parents/guardian) consent to our child participating in the program and release the Academy from any liability and waive claims that we may have against the Academy arising from our child's participation in the program and further we agree to indemnify and save harmless the Academy from any claim against the Academy by our child or by others as a consequence of our child's participation in the program.
8. This assumption of risk, release and waiver of claim and indemnity is binding on the undersigned and their heirs and personal representatives.

Dated at Calgary, Alberta this _____ day of _____, 20_____.

Signature of Participant

Print Name

Witness

Signature (Parent/Guardian)
(If Participant under 18y)

Print Name(Parent/Guardian)

Witness