



INTERNATIONAL MARTIAL ARTS ACADEMY

30 Main St.

Topsfield, MA 01983



Martial Arts Waiver

Today's Date: ____/____/____

Student Information

DOB: ____/____/____

Student Name: _____

Age: _____ M/F _____

Medical Conditions:

____ Asthma ____ Arthritis ____ Diabetes ____ Knee Problems
____ Back Problems ____ Heart Conditions ____ High Blood Pressure

Allergic Reactions: _____

Physical Limitations: _____

Special Medications: _____

Other: _____

Family Information

Parent/Guardian: _____ Occupation: _____

Cell #() _____ - _____ Home #() _____ - _____ Work #() _____ - _____

E-mail Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

The Undersigned understands the risks of studying Martial Arts and hereby releases International Martial Arts, all instructors, and all other students of International Martial Arts from any and all liabilities, for any type of injuries or loss sustained while training, studying, practicing, or in the application of Martial Arts or Kenpo Karate. The undersigned also states that he/she is in good physical condition and knows of no reason why he/she cannot study and participate in Martial Arts. | In the event of an emergency, I hereby authorize any licensed medical personnel to perform any accepted medical procedure deemed necessary and agrees to bear the expense of any such treatment. I HAVE READ AND UNDERSTOOD THE ABOVE.

Signed: _____ Date: ____/____/____