

Please print clearly in block capitals

Workshop / Seminar / class agreement

Personal details	
Title:	
First name:	
Surname :	
Date of birth:	
Home address:	
Postcode:	
Email address:	
Mobile no.	
Home phone:	
Other info:	

Personal medical information		
Your safety is very important to us and for this reason we wish to establish your current health status. The questions below are designed to identify those persons who should obtain medical advice before commencing training.		
Do you suffer from a heart condition?	Y	N
Have you ever had chest pain brought on by physical exertion?	Y	N
Have you had chest pain lasting more than 60secs whilst resting?	Y	N
Do you suffer from dizziness, vertigo or loss of consciousness brought on by physical exertion?	Y	N
Have you ever been diagnosed with osteoporosis or osteoarthritis?	Y	N
Have you ever taken medication for blood pressure or a heart condition?	Y	N
Do you suffer from back pain brought on by exercise?	Y	N
Do you suffer from epilepsy	Y	N
Please specify any other relevant conditions and/or medication:		

Please note: if you have answered yes to any of the questions within the section **Medical Information**, then you are not permitted to participate in the absence of a doctor's letter. If you are not honest about your current medical condition you assume 100% responsibility for possible consequences; and the coach will be granted total immunity from any accusations of negligence due to non-disclosure of the correct information prior to your participating in the said training class/workshop/seminar.

Previous Experience in DEFENCE LAB TRAINING	
How long training?	
Rank achieved?	
Who is your DL instructor?	

Previous Experience in other martial arts	
Which arts?	
How long training?	
Ranks achieved?	



Training Agreement

Release from Liability

Voluntary Participation

I, the undersigned, acknowledge and state that I have applied to voluntarily participate in the Martial Arts, self defence and street application classes, courses, seminars, workshops, online training organized by The DEFENCE LAB.

Assumption of Risk

I am aware and understand that, in general, Martial Arts, self defence and street application are dangerous and hazardous activities, and in particular, the classes in which I am participating involve extremely dangerous and hazardous activities. I am voluntarily and of my own free will participating in these classes, courses, seminars, online training with full knowledge and understanding of the serious danger and hazards involved.

Further I agree to indemnify and hold harmless SDS Ltd, trading as DEFENCE LAB and/or _____ including employees, corporate officers, agents and instructors of said companies.

I hereby consent and agree to completely accept alone any and all risks of injury or death, and I verify and confirm this statement by signing here

Acceptance

By signing below, I accept the terms of this agreement.

Signature _____ Date ____ / ____ / 2014