



Warrior Martial Arts Centre
1096 Ringwell Dr., Newmarket, L3Y 9C5, (905) 830-1711, www.warriormac.com
Waiver

Participant Name: _____ Birthdate: _____ Age: _____

Parent/Guardian Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell or Work Phone: _____

Medical Conditions/Allergies/Medication: _____

Group you are with: _____

In consideration for my or my child's attendance and/or participation at Warrior Martial Arts Centre, I, the undersigned, hereby acknowledge that certain risks of injury are inherent in participation in sports and recreational activities. I acknowledge that martial arts is a contact sport. I agree that Warrior Martial Arts Centre and its directors, officers, employees, contractors or agents shall not be liable for any injury to myself or my child or loss or damage to personal property arising from, or in any way resulting from, participation at the Centre or during transportation by Warrior Martial Arts Centre employees or contractors. I understand that I am responsible for informing Warrior Martial Arts Centre of any medical conditions. In the event of a medical emergency, and neither parent/guardian or emergency contact can be reached, I hereby give permission to the physician selected by Warrior Martial Arts Centre and its directors, officers, employees or agents to secure proper medical treatment where deemed necessary.

signature (to be signed by parent/guardian if under 18) _____ date _____