



PURPLE DRAGON SCHOOL OF MARTIAL ARTS

Kingsville

Emergency Medical Action Release Waiver

Name: _____ Age: _____
(First) (Middle) (Last)

Date of Birth: _____ Occupation: _____
(mm/dd/yyyy)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone Number: _____ / _____ / _____
(Home) (Cell) (Other)

Please List Known Injuries and Medical Conditions: _____

Please List All Current Medications/Allergies: _____

Emergency Contact Information

Name: _____ Phone Number: _____

I hereby give Purple Dragon

Relation to Student: _____

if Under 18 Years of Age, Must be Completed by Parent/Guardian

Name of Parent(s)/ Legal Guardian _____

Relation to Student: _____

Phone Number: _____ / _____ / _____
(Home) (Cell) (Other)

Please Read Carefully:

Waiver: Permission for enrollment and release of Purple Dragon Martial Arts : I am an adult over 18 years of age and wish to participate in Purple Dragon Martial Arts Black Belt activities and/ or I give my child permission to participate in any and all activities related to Purple Dragon Martial Arts Black Belt the Don-Jitsu- Ryu System®. I understand that even when every reasonable precaution is taken, accidents can happen. Therefore, in exchange for Purple Dragon Martial Arts which will allow me to participate in Purple Dragon® and Don - Jitsu- Ryu® activities, I understand and expressly acknowledge that I do hereby release, waive, discharge, and covenant not to sue Purple Dragon Martial Arts or their , affiliates, employees, Instructors, staff, volunteers, and other class participants from all liability for any injury loss or damage connected in any way whatsoever to my (or my child's) participation in Purple Dragon Martial Arts Black Belt activities whether on or off the usual premises classes meet. I understand that this release includes any claims based on negligence, action, or inaction of Purple Dragon Martial Arts organization,, the Don- Jitsu- Ryu System, its Instructors, Staff, volunteers, and other class participants.

Assumption of Risk: I further understand (parents/guardians if under the age of eighteen) that participation in the above mentioned activities carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury, joint or back injuries, heart attacks, and concussions 3) catastrophic injuries including paralysis or death.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I (parents/guardians if under the age of eighteen) have read the previous paragraph and I know, understand, and appreciate these and other risks that are inherent in the Purple Dragon Martial Arts and/or associated activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

I am further giving Purple Dragon Martial Arts my permission to act on my behalf or on behalf of my child and to act in the interest in regard to health and personal safety should I not be able to act for myself or on behalf of my child. I give my permission for Purple Dragon Martial Arts if needed, contact any Emergency Medical assistance they feel is necessary in the event of an injury to myself or my child.



Purple Dragon Martial Arts

I have carefully read and reviewed this Waiver, Release & Hold Harmless Agreement above. I understand it fully and I execute it voluntarily.

Print Name of Student

Student's Signature

Signature of Student or Parent/ Legal Guardian if Under 18

Date

Photo Release Waiver

I hereby authorize Purple Dragon® to use, reproduce, and distribute my name, voice, likeness, photograph, and/or any other representation of me, or my child, in connection with printed materials or other media it distributes, displays, transmits, or exhibits. Such distributions, transmissions or exhibits may include, but are not limited to, publications, newsletters, magazines, brochures, CD ROMs, websites and/or videos for internal or external purposes. I understand that my authorization grants Purple Dragon Martial Arts, Purple Dragon International Don Jitsu Ryu System®, and all other affiliated businesses of Professor Don Jacob and the Purple Dragon® system, the right to use, reproduce, and distribute my name, voice, likeness, photograph, and/ or any other representation of me without compensation or further notice.

I understand that Purple Dragon International Don Jitsu Ryu System®, its affiliates, and all merchandise displaying or being sold under the Purple Dragon International Don Jitsu Ryu System® name or the name of its affiliates are copyrighted and cannot be filmed, photographed, recorded, or redistributed for any purpose without express written permission from Purple Dragon World Headquarters. **Further, I understand that filming and recording video footage and/or photographs or Purple Dragon and its affiliates in classes, demonstrations, seminars, gradings, or any other Purple Dragon events is strictly prohibited and is unlawful to do so without express written permission from Purple Dragon World Headquarters.**

I certify that I am 18 years of age or older, or the parent/ legal guardian of minor child listed below. I hereby release and discharge Purple Dragon Martial Arts, Purple Dragon International Don Jitsu Ryu System®, and all other affiliated businesses of Professor Don Jacob and the Purple Dragon® system for any and all liabilities arising out of or relating to the foregoing.

I have read and understand this release.

Acknowledge and Consented to:

Signature: _____

Printed Name: _____

Signature of parent/ guardian if under 18 years of age: _____

Printed Name of Minor Child: _____

Date Signed: _____