

Emergency Information

Parent/guardian 1

Name:

Phone Number:

Parent/guardian 2

Name:

Phone Number:

Allergies:

Important medical history:

Physical or Mental disabilities:

preferred hospital

Photo Release

Japanese Martial Arts Academy (J.M.A.A) has my permission to use my or my child's photograph for educational or promotional purposes

I understand that the images may be used in print publications, presentations, websites, and social media

I understand that no royalty, fee or other compensation shall become payable to me by reason of such use

Student Name _____ Date: _____

Signature (parent If under 18) _____

Policies and Procedures concerning medical expense coverage

Japanese Martial Arts Academy (J.M.A.A) does not provide primary or secondary insurance for the students

All Students must provide proof of insurance before participating in any activity. Medical insurance must be maintained throughout the students training.

All medical expenses for injuries sustained while participating with the J.M.A.A must be submitted to the students insurance provider

Please be aware some insurances do not cover athletic related injuries, please verify coverage with your provider. Please check that your insurance coverage is maintained outside of your hometown.

Name of insurance provider _____

Student name _____

signature _____

Date _____

JAPANESE MARTIAL ARTS ACADEMY
736 N. BROWN SAPULPA OK. 74066 916-697-3235

In consideration of participating in the sport of martial arts, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from the negligence of the DOJO and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

I acknowledge that the sport of martial arts involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, death, paralysis, broken bones, torn ligaments, bruises, and other bodily injuries caused by contact with other participants, objects used during martial arts activities, or walls, matting or the floor; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.

I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.

I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

I represent that I have adequate insurance to cover any injury or damage may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am

willing to assume — and bear the costs of — all risks that may be created, directly or indirectly by any such condition.

I hereby give consent to be photographed during participation in this activity, and I agree that the images so obtained may be used for educational and public relations purposes by the Hoshin Dojo.

In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.

I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the party being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so consult with legal counsel prior to signing. Also, understand that this activity be might not be made available to me or that the cost to engage in this activity would significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms .

Student Name: _____ Date: _____
Student/Guardian signature _____
Address _____
Telephone number _____ Email _____

PARENT OR GUARDIAN ADDITIONAL AGREEMENT

(Must be completed for participants under the age of 18)

In consideration of (PRINT minor's name) _____ being permitted to participate in this activity, I further agree to indemnify and holdon harmless Releases from any claims alleging negligence which are brought by or behalf of minor or are in any way connected such participation by • minor .

Parent/Guardian Name: _____ Date: _____

Parent/Guardian signature: _____

Address: _____

Telephone: _____ Email: _____

