



Martial Art Community

## EMERGENCY INFO

\_\_\_\_\_  
Name Start Date Birth Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Phone

\_\_\_\_\_  
Health Concerns Health Coverage

\_\_\_\_\_  
Allergies or Additional Info (med's, #'s, etc.)

\_\_\_\_\_  
Emergency Contact #1 (Relationship) Phone

\_\_\_\_\_  
Emergency Contact #2 (Relationship) Phone

## ASSUMPTION OF RISK

I, \_\_\_\_\_, the undersigned acknowledge that I am applying (or) my child is applying to participate in the **IRONWAVE** martial arts program involving strenuous exercise and personal body contact. As a condition to being admitted to the program as a student, I assume the risk of injury and do hereby hold **IRONWAVE**, its employees and agents harmless from any and all liability (including attorney's fees and costs) for all claims, actions or damages due to injuries suffered by me (or) my child, or caused to a third party by myself (or) my child, arising from activities involving **IRONWAVE**, whether occurring on the premises or elsewhere, excepting only those claims actions or damages caused by intentional hostile act.

I further agree that I (or) my child will obey the rules of the school and will follow explicitly all instruction given by **IRONWAVE** instructors during the course of the program.

\_\_\_\_\_  
Signature (Adult Student, Parent/Guardian) Date

\_\_\_\_\_  
Printed Name Relationship To Member