

MEDICAL CONDITIONS

- Asthma
- Arthritis
- Diabetes
- Epilepsy
- Knee problems
- Back problems
- Heart condition
- High blood pressure
- Other _____

Please list any allergic reactions, physical limitations or special medications or any other medical condition that we should be aware of

ALLERGIC REACTIONS

PHYSICAL LIMITATIONS

SPECIAL MEDICATIONS

OTHER

CLASSES ENROLLING IN

- Karate
- Kung Fu
- Weaponry
- Adult
- Junior

16. Please tick any medical conditions on the left that we should be made aware of.
Note: a medical certificate may need to be presented

Membership Conditions of Use:

I, the undersigned understand the risk of studying Martial Arts and on behalf of myself, my heirs, executors and administrators I hereby release ADA and all instructors and all other students of ADA from any and all liabilities of any nature (including any costs, whether or not the subject of a court order), for any type of injuries or loss sustained while training, studying, practicing or in the application of Martial Arts. I the undersigned also state that I am in good physical condition and know of no reason why I cannot study and participate in Martial Arts or ay activities held by ADA.

- I agree to be bound by the rules of ADA
- I accept and understand the practice of Martial Arts involves risk of serious injury
- I understand all fees are non refundable and committing to a 6 month training program
- ADA recommend you seek medical advice before beginning this training or any other exercise program
- I understand that my tuition fees are arranged to be made in advance and are not affected by my lesson schedule and/or attendance
- I agree that ADA may take photographs and may make video and audio material of member's classes and school events, and that these materials may be used for display, promotion and/or advertising, or sold for profit, and the member hereby waives any compensation to which they may otherwise be entitled for appearing in such materials.
- Unavailability of facility or service- I agree to accept the fact that a particular facility or service in the premises may be unavailable at any particular time due to prior booking, mechanical breakdown, fire, act of God, condemnation, loss of lease, catastrophe, terrorist act or any other reason.
- Hours of Operation- Operation scheduled may vary and are subject to change from time to time. This information and class schedules are on display at the Dojos.
- Lost/Stolen- Management will not accept responsibility for any equipment that is lost or stolen on the premises.
- Conduct with the school- Management reserves the right to refuse entry, cancel a membership or request a member or casual exercise patron to leave the premises if the member does not behave in a responsible manner, is under the influence of drugs/alcohol or does not adhere to the conditions of use.

In the event of an emergency, I hereby authorize any licensed medical personnel to perform any accepted medical procedures deemed necessary and agree to bear the expenses of any such treatment. I HAVE READ, UNDERSTOOD AND AGREED TO THE ABOVE AND WOULD LIKE MYSELF AND/OR MY CHILD/REN TO BEGIN LESSONS.

Student Signature: _____ Date: _____

Note: if you are under 18, please obtain parent/guardians signature below

ADA representative: _____ Date: _____

<p>Certificate of Parent/Guardian I, _____ on behalf of _____ have read the Conditions above and agree to abide by them. _____ (Signature of guardian) Date: _____</p>
