

MADA KRAV MAGA

General Release and Waiver

Member / Participant - Please Print Neatly & Fill Out Completely -

Name: _____ DOB: ____/____/____

Street Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Occupation: _____

Health Conditions: _____

Emergency Contact: Name: _____ Phone: _____

I represent that I have no knowledge of any mental or physical condition that would render it dangerous or hazardous to my health or safety to participate in any class held at Mada Krav Maga, this includes any venue or location that the above deems necessary for teaching fitness and self-defense. I promise to notify Mada Krav Maga in writing, delivered in person, if any such condition should arise, I also promise to notify the above within twenty-four hours of development of any such condition. Upon receipt of such notification, the right to terminate further classes may be upheld.

I am fully aware that any class or instruction that I register for may at times involve strenuous and / or physical activity that may include physical contact with another member or instructor, instructors may at times make physical contact for reasons of safety and / or adjustment involved in training, contact may also be made that at times may be deemed hazardous (i.e. sparring). It is up to each individual student to ensure that they have the correct protective equipment for their specific needs. I assume all

risks of injury, loss of life, damages to person and or property during such activity. I fully hold Mada Krav Maga, its instructors and / or agents, employees, successors and students and all other members participating in any classes held at any of its locations harmless from all liabilities, claims, demands, costs, losses expenses or compensation of any nature, including acts of negligence, for loss, damage, death or injuries to person and property sustained by me, my heirs, personal representatives, successors and assigns. I also assume all risk of injury, loss of life and damage to person and property during such activities resulting from or in any way connected with the use of equipment furnished by Mada Krav Maga or its agents, whether directly or indirectly causing or contributing to injury, loss of life or damage to person or property. I further agree to reimburse Mada Krav Maga for all court costs and attorney fees in defending any and all actions. If any portions of this contract are deemed to be unlawful, those and only those portions will be considered null and void. **All conditions on this waiver and release enumerated above have been read and fully understood and are accepted and agreed upon by the undersigned.**

Member / Participant Signature: X _____ **Date:** ____/____/____

Parent / Guardian - Please Print Neatly & Fill Out Completely –

In the event that the above member is under 18 years, I, as a parent, guardian and/or supervisor of this minor, make this agreement with and on behalf of this minor named above to participate in any and all classes and any other activities held by Mada Krav Maga.

Name: _____ DOB: ____/____/____

Address: _____ Phone: _____

Email: _____

Parent / Guardian Signature : X _____ **Date:** ____/____/____

Any other information relevant to any of the above should be added on the other side of this paper.

Mada Krav Maga & its agents reserve the right to refuse membership to any and all persons they deem necessary at any point in time. 48796 Van Dyke Ave., Shelby Township, MI 48317 586.838.1466 MadaKravMaga.com