



OVER 18

...for the love of the fight.

1. PARTICIPANT'S DETAILS:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Date of Birth: M\_\_\_\_\_/D\_\_\_\_\_/Y\_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Email: \_\_\_\_\_

\*\*\*\*\*

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

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How did you hear about us: Leisure Guide ( ) Facebook ( ) Friend/Family ( ) Website ( ) Other ( )

Where: \_\_\_\_\_

2. HEALTH DECLARATION:

I acknowledge that by participating in Self Defence and/or Martial Arts, I will be involved in rigorous physical and mental training and contact, and therefore it is important to disclose to Momentum Martial Arts any health impediment which may impair my ability to participate in any way in Self Defence and/or Martial Arts training. Set out below is my medical history. (\*Please provide details on separate sheet if necessary.)

Bone Disease ( ) Epilepsy ( ) Fractures ( ) – When: \_\_\_\_\_

Heart Ailment ( ) Hernia ( ) Injuries ( ) – When: \_\_\_\_\_

Surgery ( ) – When: \_\_\_\_\_ Other ( ) \_\_\_\_\_

Are you prescribed drugs which may impair reaction time or judgment?

YES - If yes, what drugs: \_\_\_\_\_

NO

Have you suffered any incapacity requiring medical attention in the past 12 months?

YES - If yes, give details: \_\_\_\_\_

NO

3. EXCLUSION OF PARTICIPANT

Have you ever been excluded from physical fitness in the past by a medical practitioner or any other person or entity or a fitness group?

YES - If yes, give details: \_\_\_\_\_

NO

4. DECLARATION OF UNDERSTANDING

I hereby certify and decree that all the information contained in the declarations above is true and accurate.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Participant Signature \_\_\_\_\_

Witness signature \_\_\_\_\_

**ACKNOWLEDGEMENT OF RISK AND RELEASE OF LIABILITY**  
**For Students over the Age of Majority in the Province of Saskatchewan**

**WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. READ IT CAREFULLY!**

***Every Student Must Read and Understand This Waiver Before Participating in Martial Arts Activities.***

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me, the undersigned Student (the "Student") with and for the benefit of Momentum Martial Arts Inc., its directors, officers, employees, volunteers, business operators, agents, and site property owners or lessees (the "Organization").

**Initial Each Item Below after Reading and Understanding Each Item:**

- 1) "Martial Arts Activities" includes but is not limited to contact and non-contact martial arts activities, lessons, classes, training, use of facilities and equipment, programs, and services provided to the Student by the Organization.
- 2) I am aware that there are inherent and significant dangers, hazards and risks ("Risks") associated with the participation in Martial Arts Activities. I am aware that the Risks include but are not limited to injury from physical contact with other students, instructors or equipment, performing a skill incorrectly, or potentially dangerous obstacles, conditions or weapons on the floor or vicinity of the Martial Arts Activities. I understand that the Risks are relative to my state of fitness or health (physical, mental and emotional), and to the awareness, care and skill with which the Student constructs him or herself while participating in Martial Arts Activities.
- 3) I freely accept and fully assume all responsibility for all Risks and possibilities of personal injury, death, property damage or loss resulting from my participation in Martial Arts Activities. I freely assume responsibility for my own safety. I agree that although the Organization has taken steps to reduce the Risks and increase the safety of the Martial Arts Activities, it is not possible for the Organization to make the Martial Arts Activities completely safe. I accept these Risks and agree to the terms of this waiver even if the Organization is found to be negligent or in breach of any duty of care or any obligation to me in my participation in Martial Arts Activities.
- 4) I acknowledge my obligation to inform the nearest employee of the Organization if I feel any pain, discomfort, fatigue or any other symptoms I may suffer during or immediately after my participation in Martial Arts Activities. I understand that I may stop participating at any time, and have the right to immediately withdraw from any exercise or drill in which the conduct of any party seems beyond the scope of training, makes me uncomfortable or which I believe will be harmful to me.
- 5) I confirm that I have reached the age of majority in the Province of Saskatchewan.
- 6) In addition to the consideration given to the Organization for my participation in Martial Arts Activities, I and my heirs, next of kin, executors, administrators and assigns (my "Legal Representatives") agree:
- a. to waive all claims that I or my Legal Representatives have or may have in the future against the Organization; and
  - b. to release and forever discharge the Organization from all liability for all personal injury, death, property damage or loss resulting from my participation in Martial Arts Activities due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error in judgement of the Organization.
- 7) I agree to be liable for and to hold harmless and indemnify the Organization from all actions, proceedings, claims, damages, costs, demands including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with my participation in Martial Arts Activities.
- 8) I agree that this waiver and all terms contained within are governed by the laws of the Province of Saskatchewan. I hereby irrevocably submit to the jurisdiction of the courts of Saskatchewan.
- 9) I confirm that I have had sufficient time to read and understand each term in this waiver in its entirety, and have agreed to the terms freely and voluntarily. I understand that this waiver is binding on myself and my Legal Representatives.

**PLEASE PRINT CLEARLY**

**Student Name:** \_\_\_\_\_

**Student Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

\_\_\_\_\_  
*Organization Witness Name*

\_\_\_\_\_  
*Organization Witness Signature*

**Signed this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20**\_\_\_\_\_