



UNDER 18

...for the love of the fight.

1. STUDENT DETAILS:

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

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

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

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

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

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

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ 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, the Student 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 their ability to participate in any way in Self Defence and/or Martial Arts training. Set out below is their medical history. (\*Please provide details on separate sheet if necessary.)

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

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

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

Has the Student been prescribed drugs which may impair reaction time or judgment?

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

NO

Has the Student suffered any incapacity requiring medical attention in the past 12 months?

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

NO

3. EXCLUSION OF STUDENT

Has the Student 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, the parent/Legal Guardian of the Student, hereby certify and decree that all the information contained in the declarations above is true and accurate.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signature \_\_\_\_\_ Relationship: \_\_\_\_\_

Address in full (if different than above): \_\_\_\_\_

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

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

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

***Every Parent/Guardian Must Read and Understand This Waiver Prior to the Student 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 on behalf of 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) I am the Parent/Guardian of the Student and am executing this waiver on behalf of the Student in my capacity as Parent/Guardian and with the intent that this waiver be binding on myself and the Student for all purposes.
- 2) "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.
- 3) 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 the Student's state of fitness or health (physical, mental and emotional), and to the awareness, care and skill with which the Student conducts him or herself while participating in Martial Arts Activities.
- 4) I freely accept and fully assume all responsibility for all Risks and possibilities of personal injury, death, property damage or loss resulting from the Student's participation in Martial Arts Activities. 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 the Student in the Student's participation in Martial Arts Activities.
- 5) I acknowledge the Student's obligation to inform the nearest employee of the Organization if the Student feels any pain, discomfort, fatigue or any other symptoms the Student may suffer during or immediately after his or her participation in Martial Arts Activities. I understand that the Student may stop participating at any time, and has the right to immediately withdraw from any exercise or drill in which the conduct of any party seems beyond the scope of training, makes the Student uncomfortable or which the Student believe will be harmful to him or her.
- 6) In addition to the consideration given to the Organization for the Student's participation in Martial Arts Activities, I and my heirs, next of kin, executors, administrators and assigns, as well as the Students heirs, next of kin, executors, administrators and assigns (collectively our "Legal Representatives") agree:
- a. to waive all claims that I, the Student or our 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 the Student's 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, the Student and our Legal Representatives.

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

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

Parent/Guardian Address: \_\_\_\_\_

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

\_\_\_\_\_  
*Parent/Guardian Name*

\_\_\_\_\_  
*Parent/Guardian Signature*

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

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