







World Class Institute of Martial Arts (hereafter WCIMA)

Registration/Medical Release-Liability Waiver/Risk Agreement

Intro Pmt Info:

Introductory Classes:   Beginning Ending Dobok Size: _____

Cardio Kickboxing  Referred by: _____

Other: **Birthday Party**  for: _____

Participant/Student Name: _____ Birth date: _____ Male / Female

Participant/Student Name: _____ Birth date: _____ Male / Female

Participant/Student Name: _____ Birth date: _____ Male / Female

Parent Name if student is a minor: _____

Address: _____ City/State _____ Zip _____

Home Phone: _____ Work/Cell: _____ E-Mail: _____

AUTHORITY TO TREAT

I, the undersigned, give the instructors, staff and responsible adults of WCIMA the power to authorize medical or other treatment of the person named above under "participant/student name" subject to the limitations listed below, if any. If I am not the person so named, I am the parent, guardian, or adult responsible for the person named, and I have the legal right to grant this power. Treatment may be made without regard to whether I or any other parent, guardian, or adult responsible has been contacted or has consented to the specific treatment provided it does not conflict with the limitations outlined below. This authority begins on the date signed and continues indefinitely.

LIMITATIONS TO TREATMENT: _____

OTHER MEDICAL INFORMATION OF SIGNIFICANCE: _____

By giving my authorization, I assume responsibilities for all decisions made, provided they are reasonable decisions under the circumstances based upon the knowledge and understanding of the person making the decisions, and I trust their judgment and offer the benefit of the doubt to them in any claim or legal proceeding. This presumption may only be overcome by clear and convincing evidence that they acted with malice or willful gross negligence, and, if so, they may still be liable. I understand that the instructors, senior students or others may have some skills in first aid, CPR, and, at their discretion, I authorize them to use those skills and techniques to assist in any circumstance in which they judge their skills would be necessary or helpful.

INDEMNIFICATION BY PARENTS: Applicable only to parents enrolling minor children. I agree not to bring any claim or suit against WCIMA, the school, instructors, staff, guests, students, landlord, or any other parties on behalf of my child for any injury or harm sustained by any event short of a criminal act, and then only the criminal shall be the subject of such a claim. I further agree that I will not cause to be brought, nor encourage a claim or suit. I also agree not to cooperate in the bringing of such a suit or claim except insofar as I may be legally required to do so. Finally, I shall indemnify the school, instructors, staff, guests, students, and any and all additional defendants covered by this agreement for all judgments, costs, attorney fees and other expenses incurred as a result of a breach of this agreement.

SEVERABILITY

If any clause, sentence, phrase or statement is found unenforceable or invalid by any Court of law, the remainder of the document shall remain valid enforceable and the invalid clause, sentence, phrase or statement shall be considered struck from the document.

DURABILITY

This document is effective from the date signed with no expiration. Furthermore, the terms of this document are retroactive to the beginning of training and visiting the school if this document was signed after that date.

I have read this document, understand the content, and agree to abide by the terms herein. I authorize that I have the legal right to sign this document on behalf of the Participant/Student.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ Relationship to Participant/Student: Self or: _____