



# Santa Cruz Bujinkan Dojo

## Student Information, Medical Release, and Informed Consent Liability Waiver for Martial Arts, Seminars, and Classes

Student Name			Student Address			
Last Name	First Name	MI	Number	Street	City	
Telephone	Alt Telephone		Email Address(es)		State	Zip Country
Date of Birth		Minor	Adult		How did you hear of us?	
Month	Day	Year	Yes	No	Yes	No

**Please fill out this section if Student is a Minor Child**

Custodial Parent(s) Legal Guardian Name (use back of page for multi)			Address(es)			
Last Name	First Name	MI	Number	Street	City	
Telephone	Alt Telephone		Email Address(es)		State	Zip Country
Is a "No Contact" of "Restraining Order" active?			Full Name of Individual – Attach Copy of Order			
Yes		No				

**Medical Release**

I understand that in the event the student listed above is significantly injured, ill, unconscious, and/or no one otherwise authorized to contact Emergency Medical Service (EMS) personnel is present; it will be the practice of the instructor(s) to contact EMS personnel on behalf of the student. I give my permission for responding EMS and hospital personnel to begin necessary treatment. Furthermore, I agree to be financially responsible for any and all medical treatment for student listed herein.

**\*\*Signature of Responsible and Legally Authorizing Party:**

Emergency Contact Name			Emergency Contact Number (s)			
Last Name	First Name	MI				

**Informed Consent Liability Waiver**

By signing this form I agree that I have been informed that I should not participate in any activity if I have any doubt or if I am uncertain as to my current medical condition. *I understand that I should always seek medical advice before starting any physical training program.*

I understand that the activities in which I participate are physically and mentally intense and may require extreme exertion and give rise to the possibility of injury or death. I hereby certify that I am in good health and do not suffer from any heart condition or other ailment that could be exacerbated by the exertion involved in the activities in which I participate. I confirm and agree that I am fully aware of the risk and certify that I (my child/legal ward) am physically able to participate in this program's activities. I further agree that I will comply with all the rules, regulations, and instructions given to me by any program instructor, assistant instructor, or corporation official.

Further, I (on behalf of my heirs, personal representatives, executor, and administrator) hereby waive, release, remise, covenant not to sue and forever discharge from any claims and liabilities whatsoever without limitations that I have which arise against Mark Roemke, Santa Cruz Bujinkan, Pathways Dojo, or any operator, official, supervisor, officer, participant, agent, instructor, agent, judge, volunteer, sanctioning entity, or employee from any expense, damage, loss, injury, or liability (including attorney fees) due to my decision to participate in any activity, class, seminar, or other event sponsored by Santa Cruz Bujinkan or Pathways Dojo. I agree to indemnify and hold harmless the above mentioned entities for any and all loss, injury, damage, claim, and liability. I confirm that I either have specific insurance to cover any injuries that I may sustain or that I have chosen to participate in these activities without any insurance coverage and agree to assume full responsibility of risk and bodily injury, death, and property damage. I hereby assume any and all risks, known and unknown, which may arise from my decision to participate in this activity. I agree to allow Santa Cruz Bujinkan, Pathways Dojo and affiliates to utilize any photograph, audiovisual recording, or other digital media taken of me or my child at any class or event. I understand that I will not be compensated in any way for use of any such digital media.

I hereby certify that I am at least 19 years of age. If I am not at least 19 years of age, the signature of my parent(s) and/or legal guardian (s) must appear below.

**Signature of Responsible and Legally Authorizing Party:**

<input type="checkbox"/> Check if Signature of Student	<input type="checkbox"/> if Signature of Parent/Guardian if student is under 18
Date Signed:	