

## Utopia Martial Arts & Fitness Ltd – Waiver Form

Student name: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

### Medical Information

- |   |                    |
|---|--------------------|
| 1. Do you have any history of heart trouble?                  | Yes _____ No _____ |
| 2. Have you ever experienced pain or tightness in your chest? | Yes _____ No _____ |
| 3. Have you ever had a stroke?                                | Yes _____ No _____ |
| 4. Do you have high or low blood pressure?                    | Yes _____ No _____ |
| 5. Do you often suffer from severe dizziness?                 | Yes _____ No _____ |
| 6. Do you have diabetes?                                      | Yes _____ No _____ |
| 7. Could you be / are you pregnant?                           | Yes _____ No _____ |
| 8. Do you have asthma?  | Yes _____ No _____ |
| 9. Do you have any injuries?                                  | Yes _____ No _____ |

Please list any other health conditions or things we need to know about below:

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If you answer 'Yes' to any of the above questions, you will need a doctors release to use the clubs classes and facilities.

Emergency Contact Name: \_\_\_\_\_

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

Tel: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

**ASSUMPTION OF RISK & WAIVER OF LIABILITY:** Student/Member represents that he/she is in good physical condition and is able to use the facilities of Utopia Martial Arts & Fitness Ltd ("Utopia"). Student/Member hereby acknowledges that he/she is fully aware of the risks and hazards inherent in the practice of martial arts and in fitness activities and hereby assumes voluntarily all risks of loss, damage or injury (including death) that may be sustained by Student/Member or to his/her property.

Student/Member hereby accepts full responsibility for the use of, or participation in, any and all classes, services, equipment, demonstrations or events, whatsoever owned, operated or sponsored by Utopia, whether on-site or off-site and hereby releases and agrees to hold harmless, Utopia, its shareholder/owners, officers, directors, members, employees, representatives and agents from any and all loss, claim, injury, damage or liability sustained or incurred by Student/Member resulting therefrom. This release shall be binding upon the heirs, distributes, next of kin, executor and administrator of each of the undersigned. In signing this Agreement, the undersigned hereby acknowledges and represents that that he/she has read this release, understands it and signs it voluntarily.

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I hereby give permission for the following, please tick as appropriate box below:

a) Photos/videos being used on social media (Website, Facebook, Twitter etc.) Yes  No

b) To contact you by: text / phone / email Yes  No

Signed: Student/Member: \_\_\_\_\_

Print name: \_\_\_\_\_

Signed: Parent/Guardian (if student under 18 years) \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_



# Utopia Martial Arts