

MEMBER REGISTRATION / INJURY WAIVER FORM

I, _____, being of sound mind and body acknowledge that I am enrolling in a martial arts club. I affirm that I am in good physical condition and do not suffer from any disability that would significantly prevent or limit my participation in any classes taken at **Dybas Martial Arts** in a way that would endanger the safety of myself or other members.

I understand and am fully aware of the fact I will be involved in a CONTACT SPORT involving hitting, throwing, wrestling, joint manipulation and limb extension. I understand that these above mentioned acts can and may cause me bodily harm.

In the event I am injured or suffer any short-term or long-term physical harm, I release **Dybas Martial Arts**, its organizers, promoters, instructors, and participants from any and all liabilities now or in the future including but not limited to medical, hospital, paramedic or ambulatory care.

I release **Dybas Martial Arts**, its organizers, promoters, instructors, and members from liability for any and all injuries sustained now or in the future, including, but not limited to pulls or tears (muscles, ligaments or tendons), muscle strains, broken bones, joint dislocations, hyperextensions of joints, ankle, knee, hip, lower back, shoulder, elbow, wrist, finger or toe injuries, heart attacks, strokes, loss of vision, concussion, dental trauma, amnesia, emotional scarring, or any other injury or illness however caused, occurring during or after my participation in any class taken at **Dybas Martial Arts**.

All students are required to provide their own medical coverage.

I hereby affirm that I have read fully, understand and agree with the above statements.

Signature: _____ Date: _____

Contact Information:

Parents Names: _____

Name: _____ DOB: _____

Address: _____

Phone: (Home) _____ (Mobile) _____

Email Address: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____

Phone: (Home) _____ (Mobile) _____

Parent Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to Dybas Martial Arts to use the image of myself/my child, _____, as marked by my selection below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include printed materials such as brochures and newsletters, videos, and digital images such as those on the Dybas Martial Arts Web site.

Deny permission to use myself/my child's image at all.

I grant unrestricted permission of myself/my child's image to be used in print, video, and digital media. I agree that these images may be used by Dybas Martial Arts for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/guardian signature _____

Date _____