

**INJURY WAIVER**

In consideration of being allowed to participate in any way at Patten's Martial Arts, LLC or its related events and activities, I the student or the parent of the student acknowledge, appreciate, and agree that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
- 2) I knowingly and freely assume all such risks, both known and unknown, even if arising from the ordinary negligence of the releasees, agents, employees or others, and assume full responsibility for my participation or my child's participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presences or participation, I will remove myself from participation and bring such to the attention of the company immediately; and, understanding that this at times maybe a contact activity, such as football, soccer, wrestling and other sports, I acknowledge that there is a possibility of injury as in any other contact sport.
- 4) I, for myself and/or my child, and on behalf of my heirs, assigns, personally representatives and next of kin, hereby release, indemnify, and hold harmless Patten's Martial Arts, LLC, their officers, agents and/or employees, other participants, owners and lessor of premises used for the activity ("releases"), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence, recklessness or intentional acts of the releasees or otherwise, to the fullest extent permitted by law. I, the undersigned, and by signing of this waiver, assume full responsibility for any injury that may occur.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I REPRESENT AND WARRANT TO THE COMPANY THAT I HAVE THE AUTHORITY TO SIGN THIS RELEASE BOTH FOR MYSELF OR AS PARENT OR GUARDIAN OF MY CHILD, THE STUDENT.

**ADULT STUDENTS**

Student's Signature \_\_\_\_\_ DATE \_\_\_\_\_

**CHILDREN 18 AND UNDER**

Parent/Guardian Signature \_\_\_\_\_ DATE \_\_\_\_\_

# PATTEN'S MARTIAL ARTS NEW STUDENT QUESTIONNAIRE

Today's Date \_\_\_\_\_

Student Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## **CHILDREN ONLY**

Both Parents/Legal Guardians Name \_\_\_\_\_

Names/Ages of Siblings \_\_\_\_\_

Name of School \_\_\_\_\_ Grade \_\_\_\_\_

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Check the benefits you would like to experience from our program?

\_\_\_\_ Physical Conditioning

\_\_\_\_ Better Concentration

\_\_\_\_ Self-Confidence

\_\_\_\_ Fun

\_\_\_\_ Muscular Coordination

\_\_\_\_ Self-Defense

\_\_\_\_ Weight Control

\_\_\_\_ More Energy

\_\_\_\_ Better Grades

\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_ Athletic Skill

\_\_\_\_ Self-Discipline

\_\_\_\_ Better Mental Attitude

\_\_\_\_ Temper Control

If you would like to write more about what you would like to get out of your martial arts training, please do so here: \_\_\_\_\_

Do you have any health problems? \_\_\_\_ yes \_\_\_\_ no

If yes, please explain: \_\_\_\_\_

Can you afford \$95/one student, \$140/two students, \$180/three or more per month? \_\_\_\_ yes \_\_\_\_ no

Will your child be able to attend classes two times per week? \_\_\_\_ yes \_\_\_\_ no

Do you have a place to practice at home? \_\_\_\_ yes \_\_\_\_ no

Are you willing to set goals to develop your mental discipline/physical fitness? \_\_\_\_ yes \_\_\_\_ no

Have you ever taken martial arts? \_\_\_\_ yes \_\_\_\_ no

If yes, when/where: \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

If you were referred by someone, who was it? \_\_\_\_\_

What made you choose our school? \_\_\_\_\_