



# WEBSTER KARATE CLUB

www.gemakarate.com

## Student Information & Waiver

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Have you studied the martial arts before? \_\_\_ If yes, Where, Style, Instructor, & Rank

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In consideration of being permitted to participate in any way, including travel to and from, in any practice, martial arts tournaments, clinics, demonstrations, and related events and activities of Golden Eagle Martial Arts and/or Webster Karate Club I hereby acknowledge and understand that the Martial Arts are a contact sport and that there are risks associated with my participation. I have read and understand the rules of Golden Eagle Martial Arts and/or Webster Karate Club. I agree that prior to participating, I have the right and duty to inspect the mats, equipment, and facilities to be used, and if I believe anything is unsafe or beyond my ability, I will immediately advise my instructor(s) or coach of such condition(s) and refuse to participate. I hereby assume all risks for personal injuries while attending practice, martial arts tournaments, clinics, demonstrations, and related events and activities of Golden Eagle Martial Arts and/or Webster Karate Club or any course taught by an instructor of the Golden Eagle Martial Arts and/or Webster Karate Club. In acting for myself, my heirs, or personal representatives, I hereby release Golden Eagle Martial Arts and Webster Karate Club, Gold Coast Martial Arts Association, and all instructors, officers, staff, and sponsors thereof of any claims for any personal injuries or damages to property suffered or inflicted by me in the course of training or participation in related events. I also understand that the Golden Eagle Martial Arts, Webster Karate Club, Gold Coast Martial Arts Association, and all instructors, officers, staff, and sponsors thereof carry no special insurance and that I am responsible for any medical expenses resulting from injuries. I consent that any pictures(s) and/or video taken of me during practice, martial arts tournaments, clinics, demonstrations, and related events and activities of Golden Eagle Martial Arts and/or Webster Karate Club may be used for publicity or television and I waive compensation in this regard.

Parent(s) or legal guardian(s) of minor participants (less than 18 years of age) additionally agree that they instruct the minor participant to the above warnings, conditions, and ramifications, and that they consent to the minor's participation.

**I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND IT, AND SIGN IT VOLUNTARILY. I AGREE TO PARTICIPATE KNOWING THE RISK AND CONDITIONS INVOLVED AND DO SO ON MY OWN FREE WILL.**

Participant:

\_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian:

\_\_\_\_\_ Date \_\_\_\_\_