



Double Dragon Martial Arts and Fitness Inc. (DDMAF)

# CLUB WAIVER

1045 Trillium Drive, Unit 3  
Kitchener, Ontario, N2R 0A2  
Tel: (519) 575-9155  
doubledragonmartialarts.com

## PARENT/GUARDIAN & PARTICIPANT INFORMATION

<b>Parent / Guardian First Name:</b>		<b>Parent / Guardian Last Name:</b>	
<b>Participant First Name:</b>		<b>Participant Last Name:</b>	
<b>Address:</b>		<b>City:</b>	<b>Postal Code:</b>
<b>Tel:</b>	<b>Cell:</b>	<b>Email:</b>	
<b>Sex:</b> M <input type="checkbox"/> F <input type="checkbox"/>	<b>Age:</b>	<b>Birth Date:</b> MM / DD / YEAR	

## WAIVER INFORMATION

All Children Under The Age Of 18 Must Have The Waiver Signed By A Parent/Guardian To Participate In Any Event Or Training

### Notice of Risk / Acknowledgement of Possibility of Injury

We, the staff of, owners and representatives of Double Dragon Martial Arts and Fitness Inc. (DDMAF), recognize our obligation to make all club participants and their parents aware of the risks and hazards associated with martial arts, acrobatics, ninja warrior or fitness training. Participants may suffer injuries, possibly minor, serious, or catastrophic in nature. Martial arts, acrobatics, ninja warrior and fitness training can be dangerous and lead to injury! Adults and children should be aware of the possibility of injury and parents should encourage their children to follow all the safety rules and the instructors or coaches instructions. DDMAF, its instructors, coaches and other staff members or volunteers will not accept responsibility for injuries sustained by any participant during the course of any martial arts, acrobatics, ninja warrior or fitness instruction, open workouts or in the course of any clinic, exhibition, competition, event or party in which he or she may participate at the DDMAF facility or while traveling to or from an event. By signing this form, I acknowledge these risks of injury, and I agree that DDMAF, its staff, owners and representatives will not be responsible for any such injuries.

### Release and Waiver of Liability

With the above in mind, and being fully aware of the risks and possibility of injury involved, I acknowledge that I have fully inspected the facility and all equipment and consent to have myself, and/or my child or children participate in the programs offered by DDMAF. I acknowledge that myself, and/or my child or children are in good physical condition and have no liability, impairment preventing the engagement in any martial arts, acrobatics, ninja warrior or fitness activities that will be detrimental or injurious to our health, safety, comfort and physical condition or that of other(s). I agree that myself, and/or my child or children will not participate in any such activities while having any open cuts, abrasions, open sores, infections, illnesses, or any other physical impairments that could be aggravated by the use of the facilities or any martial arts, acrobatics, ninja warrior or fitness training activities. I, my executors or other representatives, waive and release all rights and claims for injuries or damages that I or my children may have against DDMAF and/or its staff, owners or representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage, which I consider adequate for myself, and/or children's protection. I have read and also understand DDMAF registration information and policies. I also understand that it is the parents' responsibility to warn their children about dangers of martial arts, acrobatics, ninja warrior and fitness training and injury. The parents should warn their children according to what the parent feels is appropriate. DDMAF will only warn children through "safety messages" and our teaching style and progressions.

### Medical Emergencies – Permission to Treat

I fully understand that DDMAF's staff, owners and representatives are not physicians or medical practitioners of any kind. With that in mind, I hereby grant consent and permission to DDMAF's staff, owners and representatives to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the DDMAF staff to call our doctor and to seek medical help, including transportation by a DDMAF staff member and/or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the DDMAF staff deem this to be necessary.

### Photography and Video - Release of Liability

I hereby grant to DDMAF, its legal representatives, heirs and/or assigns, the absolute right and permission to copyright and use, re-use, and publish, photos and video of myself and/or children in which they may be included, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations from time to time, or reproductions thereof in color or otherwise, made through any medium, and in any and all media now or hereafter known, for art, advertising, trade or any other legal purpose.

## WAIVER ACCEPTANCE

I hereby certify that I am 18 or older and I have read the waiver information above and understand and agree to all of these terms. I also acknowledge receipt of a true copy of this agreement.

**Member, Guest or Parent Signature:** \_\_\_\_\_ **Date:** MM / DD / YEAR \_\_\_\_\_