

Baltimore Martial Arts & Fitness Questionnaire & Liability Form

STUDENT INFORMATION

| Title | First Name (Parent) | Last Name | Date of Birth | |
|--------------------|---------------------|------------|---------------|-------------|
| | | | | |
| Street Address | | City | State | Postal Code |
| | | | | |
| Student(s) Name(s) | | | Date of Birth | |
| | | | | |
| Cell Phone | Home Phone | Work Phone | Gender | |
| | | | | |
| Email Address | | | | |
| | | | | |

EMERGENCY/MEDICAL INFORMATION

| Emergency Contact First Name | Emergency Contact Last Name | Emergency Contact Number | Relation to Student |
|--|-----------------------------|--------------------------|---------------------|
| | | () - | |
| <p>It is important we understand any medical conditions that might impair or affect your ability to train with us safely. The safety and privacy of our members is of the utmost importance to us.</p> <p>Please list any medications, allergies, diseases, injuries, or other medical conditions. <small>(e.g. Diabetes, Seizures, Asthma, Back Problems, Joint Problems, Heart Conditions, HIV, Cancer, etc.)</small> <i>If you do not feel comfortable listing them here, please talk to a staff member in private. It is your responsibility to seek proper medical advice prior to training.</i></p> | | | |

PROGRAM INTEREST

| Fitness | Combat | Youth/Family | Other |
|---|--|---|--|
| <input type="checkbox"/> Fast Burn 30 <input type="checkbox"/> Kettlebells <input type="checkbox"/> Kickboxing <input type="checkbox"/> Personal Training <input type="checkbox"/> Pilates Mat <input type="checkbox"/> Women's Fitness <input type="checkbox"/> Yoga <input type="checkbox"/> Zumba <input type="checkbox"/> Belly Dancing | <input type="checkbox"/> MMA <input type="checkbox"/> Brazilian Jiu-Jitsu <input type="checkbox"/> Muay Thai <input type="checkbox"/> Judo <input type="checkbox"/> Aikido <input type="checkbox"/> Arnis <input type="checkbox"/> Fight Craft <input type="checkbox"/> Karate <input type="checkbox"/> Kung Fu <input type="checkbox"/> Pencak Silat Mande Muda <input type="checkbox"/> Tae Kwon Do <input type="checkbox"/> Tai Chi <input type="checkbox"/> Wrestling <input type="checkbox"/> Boxing | <input type="checkbox"/> Brazilian Jiu-Jitsu <input type="checkbox"/> Judo <input type="checkbox"/> Wrestling <input type="checkbox"/> Tae Kwon Do | <input type="checkbox"/> After School Karate <input type="checkbox"/> Child Care Services <input type="checkbox"/> Birthday Parties <input type="checkbox"/> Massage Therapy <input type="checkbox"/> Competition <input type="checkbox"/> Self Defense |

GENERAL INFO

| How did you hear about us? | | | |
|--------------------------------------|----------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> Internet | <input type="checkbox"/> Walk-In | <input type="checkbox"/> Groupon | <input type="checkbox"/> Email |
| Search Engine Terms Used to Find Us: | | | |

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LIABILITY and RELEASE INFORMATION

Publicity and Marketing

You may receive occasional emails from Baltimore Martial Arts concerning our school, its programs, and/or any of our promotions. Each email sent will offer you the ability opt-off of our email list so that you will no longer receive emails from us. Your information is not shared with anyone else. Your email privacy is very important to us. From time to time we record videos of student activities inside our facility mainly for advertising and marketing purposes. By Signing this liability release you acknowledge and give us the right to include you in any of our videos and/or photographs.

Liability and Assumption of Risk

It is understood and agreed that martial arts involves defensive and offensive skills and training which include violent and sudden movements and that in connection with the training and instruction sessions, there will be physical contact between instructors and students and between and among the students themselves and that such contact may result in personal injury despite the best intentions and following adequate precautions. It is further understood and agreed that physical contact is required to practice martial arts. Each of the undersigned gives full consent to such contact as is required by the training program and classes.

Each of the undersigned being duly aware of the **risks and hazards** inherent in connection with the **learning and/or participation in martial arts classes** taught at the premises used by Baltimore Martial Arts Academy ("BMAA"), hereby elects voluntarily to enter upon said premises **to engage in the learning or participation of martial arts knowing that there can and may be some risk of injury while engaged in the practice and/or learning of said martial arts.**

In consideration of being allowed to learn, engage in and/or participate in martial arts in any capacity whatsoever, each of the undersigned hereby releases BMAA, all of its officers, directors, employees, contractors, servants, agents, instructors, and members, their respective personal representatives, successors and assigns, Gary Berger, Shaun Wilson, and Jeffrey Mims, of and from any and all liability, claims, demands, actions and causes of action whatsoever, arising out of or related to any loss, damage, or personal injury including death, that may be sustained by any or each of the undersigned, or any property of any or each of the undersigned, while in, on, or upon any premises leased to, owned by, or under the control or supervision of BMAA. This release shall be binding upon the Release, his or her personal representatives and assigns.

In signing the foregoing release, each of the undersigned hereby acknowledges and represents:

- a) That he, she or they has (have) read the foregoing release, understands the conditions of the foregoing release and signs the foregoing release voluntarily.
- b) That he or she is over 18 years of age and of sound mind.

And, furthermore the undersigned if he or she is under the age of majority, his or her parent or parents, as one or both, each being considered the same, or legal guardian, do hereby expressly stipulate and agree in consideration of the undersigned minor being able to engage in, learn and/or participate in martial arts, to indemnify and hold forever harmless the said BMAA, all of its officers, directors, employees, contractors, servants, agents, instructors, and members, their respective personal representatives, successors and assigns, Gary Berger, Shaun Wilson, and Jeffrey Mims from any and all liability as above set forth.

Each of the undersigned are hereby duly warned that they must seek professional medical advice prior to initiating any form of martial arts training, sports training, physical training, or exercise program. Those with pre-existing conditions, such as heart problems, hypertension, osteoporosis, diabetes, or hernia, and also those who are of advanced age, extremely obese, smokers, or those who had recent surgery or a history of injuries may have an elevated risk of injury during training. It is the full responsibility of each of the undersigned to be cleared by a medical doctor prior to participation in any activities whatsoever at BMAA, and to self-limit participation in said activities to the extent required by any conditions that may arise or exist.

Each of the undersigned, including participants below the age of majority, agrees to and states the following:

1. I have the right to abstain from participation in any activity that I deem is not appropriate or safe, or that is beyond my capability. I will advise the instructor in charge as such immediately.
2. I am familiar with the basic rules and conduct concerning the practice of martial arts, including two-tap policy for indicating submission.
3. I have herein listed any medical conditions which may impact my ability to safely practice martial arts, and/or I have discussed any and all medical conditions with BMAA staff members prior to participation in classes.
4. I understand that with regard to medical conditions, BMAA staff members are not medical professionals and cannot give any medical advice. I agree to seek professional medical advice if there is any uncertainty about whether or not I should practice or continue to practice martial arts.
5. I understand the need for physical contact in the practice of martial arts.
6. I will always treat instructors and students with the utmost respect. I will always practice with control, keeping the safety of others around me paramount. I will not let competitiveness or anger lead to unsafe conduct.

This agreement shall be governed by the laws of the state of Maryland.

Witness, our hands and seals this _____ day of _____ 20_____.

| | |
|---------------------------------|---------------------------|
| Signature of Applicant | Printed Name of Applicant |
| (SEAL) | (SEAL) |
| Signature of Parent or Guardian | Signature of Witness |
| (SEAL) | (SEAL) |

Notes: