



WEST SHORE
ACADEMY OF MARTIAL ARTS

Special Program Waiver

Date _____

Name _____ Age _____

Emergency Contact: Name: _____ Cell #: _____

Please list any medical problems that the instructors should know about?

Activity in which you are participating:

- Birthday party**
- Self-defense seminar**
- Other:** _____

Waiver

I, _____, have chosen to participate in the Jung Sim Do Martial Art, Inc. (JSD) program indicated above. I hereby waive any claim I may have at any time against JSD regarding any personal injury or damage I may suffer or incur by such participation. I have been advised that such participation in JSD's programs may result in: abnormal blood pressure, fainting, disorders of the heartbeat, rare instances of heart attack, broken bones and tissue and muscle tearing. I hereby accept these risks. To my knowledge, I do not have any limited physical condition or disability that would preclude my participation in JSD's martial arts and exercise program and further, certify that I have fully and accurately completed all forms submitted to me by JSD intended to disclose any such limiting physical condition or disability.

I have been informed that it is advisable for me to obtain a physician's approval for participation in a physical martial arts program. I fully understand the strenuous nature of the program. I accept the complete responsibility for my health and well-being in the voluntary exercise/martial arts program. I understand that no responsibility is assumed by JSD or the leaders of the program.

Jung Sim Do Martial Art, Inc. reserves all rights to dismiss a student for misconduct or actions which may convey a bad image.

I hereby acknowledge that Jung Sim Do Martial Art, Inc. is not responsible for any injuries suffered while on these premises.

Student signature (Parent or guardian if student is under 18 years of age)

Date

Media Release

- I do NOT give permission for WSAMA to use pictures nor names in any form of media postings.
- I give permission for WSAMA to use pictures for media postings.
- I give permission for WSAMA to use names for media postings.

Student signature (Parent or guardian if student is under 18 years of age)

Date