



Ju-Jitsu Dojo of Columbia, Inc.

410-309-1988

Liability Waiver

Student's name (please print)

Address

City, State, Zip

()

Telephone number

E-mail

I hereby represent that I am physically and emotionally fit to engage in martial arts training.

I hereby acknowledge that I understand that this training will include rigorous physical movement on my part and on the part of training partners and instructors, will involve body contact with training partners and instructors, and will expose me to the possibility of bodily injury. I further acknowledge that by engaging in the training provided at **Ju-Jitsu Dojo of Columbia, Inc.**, I will be exposed to the possibility of personal injury arising out of possible negligence or unavoidable accident, due to the nature of the martial arts being taught.

I hereby acknowledge that I am fully aware that during the training I will always have the option of withdrawing from participation in any exercise or technique, and that it is my responsibility to decide in which exercises and techniques to participate.

If my behavior, actions or remarks while participating in the training are determined to be detrimental to the safety or well being of other participants or instructors in the dojo, I will voluntarily remove myself and my effects from the dojo immediately. I understand that I will forfeit any prepaid training fees if the director requests that I terminate my training.

By signing this agreement, it is my intention to knowingly assume all risks involved in participating in this training, and to release **Ju-Jitsu Dojo of Columbia, Inc.** and its agents and representatives from any responsibilities or liability for injury I may sustain while participating in this training.

I agree to follow the safety rules of the dojo and the directions of the instructor(s), and to comply with the dojo's policy that there will be no contact sparring at any time.

Applicant's signature

Date

Signature of parent or guardian if applicant is under 18 years of age

Date

Accepted by

Date

(over)



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Person to contact in case of emergency: _____

Telephone number: _____

Student's age: _____

Date of birth: _____

Physical conditions that may affect the student's training: _____

Student's previous martial arts experience: _____

How did you find out about Ju-Jitsu Dojo of Columbia?

_____ friend or relative

_____ internet search (e.g. Google)

_____ Facebook

_____ Google+

_____ link on another website (which one?) _____

_____ flyer/ad for women's self-defense seminar (where did you see it?) _____

_____ other (please specify) _____

JU-JITSU DOJO OF COLUMBIA

(410) 309-1988

www.combatju-jitsu.com