Cervizzi's Martial Arts Academy

6 Washington St
N. Reading, MA 01864
978-664-0256

BIRTHDAY WAIVER

NAME:_____DATE:_____

ADDRESS:_____CITY/ST:_____ZIP:_____

HOME PHONE:_____ DOB_____

EMAIL_____

Emergency Name:_____ Emergency Number_____

Parent/legal guardian name:_____

1. Do you have any physical or mental disability? If so, please explain.

2. Does the disability prevent you from taking part in a Martial Arts program?

WAIVER OF LIABILITY

It is important to consult your physician prior to beginning any exercise program. Martial Arts/kickboxing instruction involves physical contact to both persons and training objects and there is a risk that injury may result. While understanding this risk, the undersigned student and/or parent assumes the risk of injury and assumes responsibility for his/her own safety. In consideration of receiving Martial Arts instruction, the undersigned student/parent does for himself, his heirs, his executors, and administrators waive, release, discharge, and hold harmless LJC, Inc., Cervizzi's Martial Arts Academy, CMAA Inc., its owners, officers, employees, agents, representatives, successors, and/or assigns, and any other persons or entity associated with such instruction from and against any and all damages, injuries, losses, or expenses arising from, but not limited to, the participation in Martial Arts instruction, the action or omission of any of the above representative, or the use and/or publication of any pictures, photos or video reproductions.

INDEMNIFICATION CLAUSE

If such student is a minor (under age 18), the undersigned parent, in addition to acknowledging and executing the above waiver, agrees to indemnify LJC, Inc., Cervizzi's Martial Arts Academy, CMAA INC., it's owners, officers, employees, agents, representatives, successors, and /or assigns, and any other person or entity associated with such instruction, for any damages sought by or on behalf of said minor.

_____ _____

Witness Student Signature

_____ _____

Date Parent/Guardian (if under age 18)