



APPLICATION/WAIVER

Participant Information

Name: _____ Date: _____
 Legal Guardian's Name (if under 18): _____ DOB: _____
 Address: _____ City: _____ Zip Code: _____
 Home Phone: _____ Alt. Phone: _____
 Email: _____

Emergency Contact Information

_____ Emergency Contact Name

_____ Emergency Contact Number

Your journey is stronger when your reasons are deeper. Please check all reasons that apply.

Self Defense Fun Focus
 Confidence Listening Other: _____
 Fitness Discipline

How did you hear about us? Please check all that apply.

Referral Advertisement GCKM Website
 Yelp Social Media Other: _____

Informed Consent/Assumption of Risk: I, agree to participate in or more self-defense/fitness program(s)/class(es) sponsored by Gateway Cities Krav Maga, LLC, which may include, but not necessarily limited to, self-defense training, and/or training of any kind by any affiliate, subsidiary or partnership of Gateway Cities Krav Maga, LLC. I am fully aware that the self-defense/fitness program(s)/class(es) which Gateway Cities Krav Maga, LLC offers and in which I desire to participate are of a nature and kind that are extremely strenuous and can/may push me to the limits of my physical abilities. I the undersigned recognize and understand that the program(s)/class(es) are not without varying degrees of risk which may include, but are not limited to the following:

Injury to the musculoskeletal and/or cardio respiratory systems which can result in serious injury or death, injury or death due to negligence on the part of myself, my training partner, or other people around me, injury or death due to improper use of failure of equipment, or injury or death due to a medical condition, whether known or unknown by me. I am aware that any of these above mentioned risks may result in serious injury or death to myself and/or my partner(s).

Initial

I willingly assume full responsibility for any and all risks that I am exposing myself to as a result of my participation in Gateway Cities Krav Maga, LLC program(s)/class(es) and accept full responsibility for any injury or death that may result from participation in any activity, class, or self-defense/fitness program. I hereby certify that I know of no medical problems that would increase my risk of illness and injury as a result of participation in a program designed by Gateway Cities Krav Maga, LLC. I understand that there exists the possibility of adverse physical changes during a self-defense/fitness program, and I fully understand the same. I also understand that these changes could include abnormal blood pressure, fainting, disorder of heart rhythm, stroke, and in very rare instances, heart attack or even death, and I fully understand the same. With my full understanding of the above information, I agree to assume any and all risk associated with my participation in Gateway Cities Krav Maga, LLC self-defense/fitness program(s)/class(es).

Initial



Release

In full consideration of the above mentioned risk and hazards and in full consideration of the fact that I am willingly and voluntarily participating in the activities made available by Gateway Cities Krav Maga, LLC, and with my full understanding of the above, I hereby waive, release, remise, and discharge Gateway Cities Krav Maga, LLC and its agents, officers, principals, employees and volunteers, of any and all liability, claims, demands, actions or rights of action, or damages of any kind relating to, arising from, or in any way connected with, my participation in Gateway Cities Krav Maga self-defense/fitness program(s)/class(es), including those allegedly attributed to the negligent acts or omissions of the above mentioned parties.

This agreement shall be binding upon me, my successors, representatives, heirs, executors, assigns, or transferees. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect.

If I am signing on behalf of a minor child, I also give full permission for any person connected with Gateway Cities Krav Maga, LLC to administer first aid deemed necessary, and in case of serious illness or injury, I give permission to call for medical and/or surgical care for the child and to transport the child to a medical facility deemed necessary for the well-being of the child.

_____ Initial

Indemnification: I recognize that there is risk involved in the types of activities offered by Gateway Cities Krav Maga.

Therefore, I accept financial responsibility for any injury that I or the participant may cause either to him/herself or to any participant due to his/her negligence. Should the above mentioned parties, or anyone acting on their behalf, be required to incur attorney fees and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless Gateway Cities Krav Maga, LLC, their agents, principals, officers, employees, and volunteers from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in activities offered by Gateway Cities Krav Maga, LLC.

_____ Initial

Use of picture(s)/film/likeness: I agree to allow Gateway Cities Krav Maga, LLC, its agents, principals, officers, employees, and volunteers the use of picture(s), film, and/or likeness of me for advertising purposes. In the event I choose not to allow the use of the same for said purpose, I agree that I must inform Gateway Cities Krav Maga, LLC of this in writing.

_____ Initial

I have fully read and understand the foregoing assumption of risk, and release of liability and I understand that by signing it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission. I understand that by signing this form I am waiving valuable legal rights. Email will be used for correspondence and newsletters.

Signature of Participant or Legal Guardian

Date



HEALTH ASSESSMENT

Name: _____ Date: _____

- 1. Have you ever had any form of heart disease? ___ YES* ___ NO
- 2. Have you ever experienced shortness of breath? ___ YES* ___ NO

If you answered "yes" to either 1 or 2, please explain: _____

3. Date of last full physical: _____

- 4. Do you have or do any of the following pertain to your health?
(Please select either Y or N for each.)

- ___ High Blood Pressure
- ___ Diabetes
- ___ Family history of heart disease
- ___ Do you work out at least three times per week?
- ___ Are you currently taking any medication?

If you answered "Yes" or "Y" to any of the above, please describe:

- 5. Is there any reason you know of that you should not participate in exercise? ___ YES* ___ NO

If you answered "yes" to #5 please explain: _____

I hereby affirm that the information furnished by me to Gateway Cities Krav Maga, LLC is true to the best of my knowledge and belief. If there is any change to my health information I will provide an update, in writing, to Gateway Cities Krav Maga, LLC in a timely manner.

Signature of Participant or Legal Guardian

Date