



White River Christian Martial Arts Academy

Registration for Weekly Training

DATE: _____

PARTICIPANT'S NAME: _____ AGE: _____ BIRTHDATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

PARENTS' NAMES (if student is under 18): _____

PERMISSION TO PARTICIPATE

Both the student and parent (if student is under 18) must sign below

Participant's Signature

DATE

Parent of Participant's Signature

DATE

By signing the above, I confirm all information is accurate to the best of my knowledge. I confirm that I or my child do(es) not have any medical condition that would prohibit participation. Furthermore, I understand that I or my child will be participating in an athletic activity that requires self-discipline, self-control and personal safety as do all sports and do hereby release the Gospel Martial Arts Union (GMAU), White River Christian Church, agents/representatives of that ministry, and other participants from any liability. In addition, I understand that I am solely responsible for any and all medical expenses resulting from injuries resulting from participation and do confirm that I have medical insurance to cover said expenses. Furthermore, I hereby give full permission to GMAU staff and personnel to transport me and/or my child to a medical facility if a medical emergency deems it necessary. Understanding the aforementioned issues, it is my expressed wish that I or my child may be permitted to participate in the activities of the Gospel Martial Arts Union event listed above and do hereby waive all liability.