

**Medical and Personal
Health Issues or
Problems:**_____

(Please list any past or present health problems or issues. List any medical conditions that would put you at risk for a physically strenuous and risky high contact martial art program. It is very important that you report any health conditions to your instructor prior to participating in any training activities.)

What do you want to get out of this training program?

_____.

In the event of a medical emergency 911 will be called and the medical technicians and physicians will determine your immediate emergency care. If such an event should occur we will make an attempt to notify your emergency contact person and to inform them as to what has occurred. For example, if you have been transported to a local hospital emergency room.

Emergency Contact Information

Name of Emergency Contact Person:

Last	Middle	First
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Day and Evening Telephone Information:

Day	Evening	Cell
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Relationship of Emergency Contact Person with the Student/Fighter:

Signed:_____ **Date:**_____

VMA Waiver and Release Of Liability and Voluntary Agreement to Participate

IN CONSIDERATION FOR BEING PERMITTED TO PARTICIPATE IN ANY WAY, INCLUDING TRAVEL TO AND FROM, IN ANY MARTIAL ARTS TOURNAMENT, PRACTICE, CLINIC, TRAINING, SEMINAR, AND RELATED EVENTS AND ACTIVITIES OF THE VELOCITY MARTIAL ARTS (VMA), KOSHO RYU KENPO JIJITSU SCHOOL AND DR. GREGORY T. LAWTON TRAINING.

I hereby:

1. Acknowledge that I am familiar with the sport and Martial Art of _____ and understand the rules governing the sport and Martial Art of _____ and the importance of following these rules.
2. Agree that prior to participating, I have a right and duty to inspect the mats, equipment, facilities to be used, and if I believe anything is unsafe or beyond my ability, I will immediately advise my coach, teacher or supervisor of such condition(s) and refuse to participate.
3. Acknowledge and fully understand that I will be engaging in a contact sport that might result in serious injury; including permanent disability or death, and severe social and economic losses due to not only my own actions, inactions or negligence, but also to the action, inaction, or negligence of others, the rules of the sport and Martial Art of _____, or conditions of the premises or of any equipment used. Further, I acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time.
4. Knowing the risks involved in the sport and Martial Art of _____, I assume risk and accept personal responsibility for the damages following such injury, permanent liability or death.
5. Release, waiver and discharge and covenant not to sue Velocity Martial Arts, Kosho Ryu Kenpo Jujitsu Dr. Gregory T. Lawton, and _____ their affiliated clubs, their respective administrators, directors, agents, coaches, and other employees or volunteers of the organization, event officials, medical personnel, other participants, their parents, guardian(s), supervisors and coaches, sponsoring agencies, sponsors, advertisers, and if applicable, owners, lessors, and lessees of premises used to conduct the event, all of whom are hereinafter referred to as "releasee", from any and all claims, demands, losses, or damages on account of injury, including permanent injury and death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.
6. Parent(s) or legal guardian(s) of minor participants (age 17 or below) additionally agree that they instruct the minor participant to the above warnings and conditions and their ramifications, and that they consent to the minor's participation.

I HAVE READ THE ABOVE WAIVER AND RELEASE. I UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND KNOWING THIS, I SIGN IT VOLUNTARILY. I AGREE TO PARTICIPATE KNOWING THE RISK AND CONDITIONS INVOLVED AND DO SO ENTIRELY OF MY OWN FREE WILL.

By my signature this date, _____, _____, _____, I fully agree to the
(Month) (Day) (Year)
provisions set forth in this waiver, release, and voluntary agreement.

Participant Name (Print)

Witness Name (Print)

Participant Signature

Witness Signature

Parent or Guardian Signature (if under 18 years of age)

Date of Witness Signature