

# Student Waiver Form

## Evolution Martial Arts

Winnipeg Manitoba  
(204) 228-2852  
evolutionjkd.com



### Student Information

Name of Student	
Name of Guardian (for minors)	
Phone Number	
E-Mail Address	
Date of Birth (mm/dd/yyyy)	
How Did You Hear About Us?	Website _____ Friend _____ Walk By _____ (Check applicable ✓)

### Person to Notify in Case of Emergency

Name	
Phone Number	

### List any and all injuries or medical problems:

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### Agreement

You, on behalf of yourself and any dependent(s), represent and agree as follows: (a) that you are in good physical condition and have no disabilities, diseases, or other conditions that could prevent you from exercising or implementing the training program under Evolution Martial Arts and Joel Ledlow ("Evolution Martial Arts") without injuring yourself or impairing your health; and (b) that you have consulted a physician concerning whether your contemplated activities will expose you to risk of injury or impairment to your health and that your physician has approved your contemplated activities in the training program or you do not deem it necessary to consult your physician. If you have any special training requirements or limitations, you agree to disclose them to Evolution Martial Arts instructor(s) before beginning training. You hereby agree that your participation in the training program with Evolution Martial Arts is undertaken by you at your sole risk. By your execution hereof, you hereby waive all claims, demands, injuries, damages, actions, suites, or causes of action to persons or property arising out of or in any way connected with your participation in the training program with Evolution Martial Arts, and do hereby release Evolution Martial Arts on your behalf and on behalf of any dependents, and agree to hold Evolution Martial Arts absolutely harmless from all such claims, you acknowledge that you have carefully read this Student Waiver Form and fully understand it is a release of liability.

### Evolution Martial Arts reserves the right to refuse service to anyone.

Signature of Applicant or Legal Guardian Consent and Approval of Membership Terms

Signature: \_\_\_\_\_

Date: \_\_\_\_\_