



## **YIN YANG MARTIAL ARTS MEMBERSHIP APPLICATION FORM /WAIVER**

### **1. APPLICANT'S DETAILS:**

Full Name: .....

Address: .....

Email: .....

Mobile-Phone: .....

Occupation:.....Date of Birth.....

### **2. HEALTH DECLARATION:**

List any physical impairments, injuries or medical conditions that currently affect you.

.....  
.....  
.....

### **3. MARTIAL ARTS HISTORY (new members only)**

Have you studied martial arts before? YES    NO    If yes please state particulars of:

Style:.....Grade Achieved:.....

### **4. DECLARATION OF UNDERSTANDING**

I acknowledge and accept that Martial Arts is a physical activity that involves the risk of injury. Any person training Martial Arts or involved in activities connected with Martial Arts accept that they do so at their own risk and accept that they waive and forego any legal right that they may otherwise have against Yin Yang Martial Arts, its officers, employees, agents and contractors.

To the extent permitted by law, Yin Yang Martial Arts, its officers, employees, agents and contractors are not liable for any personal injury, loss or damage to property or financial loss (including payment of medical expenses) any individual may suffer whilst participating in classes and activities run by Yin Yang Martial Arts.

In the event of an emergency, I hereby authorise any licensed medical personnel to perform any accepted medical procedures deemed necessary and agree to bear the expenses of any such treatment.

I consent that any images or other footage taken by or on behalf of Yin Yang Martial Arts may be freely used for marketing purposes.

**I HAVE READ AND UNDERSTOOD THE ABOVE AND AGREE TO ALL TERMS AND CONDITIONS OF THE AGREEMENT.**

Dated this ..... (day) of .....(month) 20.....

Applicant Signature (if over 18 years).....

**PARENT/GUARDIAN'S CONSENT: (for all persons under 18 years)**

Dated this ..... (day) of .....(month) 20.....

Parent/Guardian Signature.....