



Liability Release Form

After School Martial Arts

1370 Redwood Way Suite E / Petaluma, CA 94954 /
707-793-9401 / www.SchafersATA.com

Schafer's ATA recommends all participants obtain a physical exam prior to attending any martial arts class.

Today's Date: _____
Valid 1 year from this date or to the end of the current school year

School: _____

To participate in After School Martial Arts, we require one waiver *per school year*. This waiver will last the ENTIRE school year and we will not be able to use the previous school year's waiver as being up to date. One waiver is needed per family and can also be used for any of our camps we run at our studio throughout the school year. If there are changes to be made to your current waiver, please fill out a new one immediately and let us know of any changes. Your child(ren) will NOT be able to participate in class without a current waiver on file.

Student #1 Name: _____ Age: _____ M or F

Student #2 Name: _____ Age: _____ M or F

Student #3 Name: _____ Age: _____ M or F

Parent/ Guardian Name(s): _____

Email (for important communication from our ASE coordinator): _____

Phone (primary/best): _____

Note any physical limitations, allergies, or other conditions we should be aware of regarding your martial arts training:

Have you tried martial arts before? Yes/No When? _____ Where? _____

Circle which attributes are important to your training: Self Defense - Confidence - Leadership - Competition - Fitness -

Discipline – Respect – Focus – Other: _____

Release and Assumption of Risk Agreement

I understand this program, by its nature, can present circumstances that place some risk of injury to myself, and others, while participating in such training activities. I understand the nature and content of the activity listed and am aware of the potential dangers incidental to engaging in the program. I agree to release, indemnify, defend and hold Schafer's ATA Martial Arts, it's officers and employees harmless and free from any and all liability resulting directly or indirectly from participation in the program, including but not limited to liability for any and all demands, damages, claims, suits, liens and judgments, including cost and attorneys' fees, of whatever nature. I have carefully read this Indemnity, Release, Waiver and Assumption of Risk Agreement and fully understand its contents and understand that it shall be binding upon me, my heirs, successors and assigns. I am aware that this is a full release of liability and sign it of my own free will.

Signature: _____ Relationship to student: _____ Date: _____