

Xcalibur Martial Arts

“We will teach you to fly!”

PARTICIPATION WAIVER

Student Name:		Birth Date:	
Parent's Name:		Birth Date:	
		Birth Date:	
Students' address		Home phone:	
		Work phone:	
Email address		Other phone:	

Do you have any medical or health concerns of which we should be aware?

Release and Waiver of Liability

We, the student & guarantor, if applicable, on behalf of ourselves, members of our family, our heirs, executors, administrators and assigns, hereby forever release, discharge and hold harmless, **Xcalibur Martial Arts**, representatives and agents for any injury, loss, or damage to my person or property howsoever caused, arising out of or in connection with my taking part in martial arts classes and activities. We hereby state that the students named above are physically fit to take the prescribed course of instruction and do so of their own free will.

Xcalibur Martial Arts
Representative

Parent or Co-signer (if under 18)

Date

Student signature

Notes: _____
