

**Athlete's Name:** \_\_\_\_\_

**Athlete Health Information**

YES  NO Athlete has been checked within the current calendar year by a physician and has been given approval for unrestricted participation in martial arts.

**If "NO":** I acknowledge that the Athlete is able to participate in martial arts, without unreasonable risk of personal injury from health related conditions: \_\_\_\_\_ INITIAL HERE

Athlete's physician has recommended the following restrictions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Athlete has the following medical or health conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Athlete takes the following medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Athlete has the following allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HEALTH INSURANCE INFORMATION**

Athlete's Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Policyholder (*self or parent*): \_\_\_\_\_  
\_\_\_\_\_

<b>EMERGENCY CONTACT:</b> <i>ALTERNATE EMERGENCY CONTACT</i>		Relationship to Athlete
Home Phone Number ( )	Work Phone Number ( )	Cell Phone Number ( )

# Vashon Enterprises LLC, DBA Branson Karate

## Health Waiver

Participant's Name	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Participant's Address		
City	State	Zip
Home Phone Number (    )	Cell Phone (    )	Email Address

### Responsible Party: If participant is a minor, or if someone else is responsible for payment...

Parent, Guardian or Responsible Party	Parent/Guardian Email Address	
Address (if different from above)		
Home Phone Number (    )	Cell Phone (    )	Work Phone (    )

Branson Karate and Tai Chi, its instructors/coaches are committed to striving for a safe, healthy and injury free training environment. The instructors, directors, and staff will do their best to maintain a safe, healthy and accident free environment for both athletes and staff. It is imperative that all athletes obey the safety rules and regulations of the classroom, and carefully follow the instructor's directions.

As with any physical sporting activity, martial arts are a potentially dangerous activity. Bumps, bruises, scrapes, and muscle soreness are common and most athletes will encounter this sort of minor injury periodically during their training. More serious injuries or health events are possible and could be expected at some time during an athlete's training, including sprains, strains, twists, cramps, and other health events and injuries of similar magnitude. The possibility of more serious injuries and health events also exists, including fractured bones, broken and torn ligaments, and dislocated joints, though these are more uncommon. Despite all safety precautions, there still remains the possibility of extremely serious health events, such as a crippling accident, contracting communicable diseases, viruses, and even death, although this is certainly not expected to occur in this martial arts program. Due to the nature of martial arts classes, students will be in close contact with other people. It is also not uncommon to be grabbed, punched, kicked, pinned or struck within a safely controlled environment. It is the responsibility of the student to alert staff to any injuries or illness that might prevent participation. **Students with a known contagious illness, communicable disease or an infectious virus are requested to stay home, NO EXCEPTIONS.**

Safety and health are NOT the sole responsibility of instructors and staff. All participants, including parents and observers, are responsible for their own health and safety AND the health and safety of those around them. Athletes who violate the health and safety rules and regulations WILL be disciplined appropriately, up to and including dismissal from training.

I have read and understand the above statement of risk and the rights and responsibilities of participants. I assume responsibility for my own health and safety (or the health and safety of my child). I understand and accept the health and physical risks of martial arts training. I understand that even if the instructor has informed me that no serious health or physical injury has ever happened in this organization, or with any of the instructors, that this does not mean that there is no possibility of harm to me (or my child). By assuming this risk, I completely absolve all instructors, staff, guests, athletes, landlords, management companies and any and all other related parties, of liability for my (or my child's) harm, unless intentionally caused in criminal conduct.

\_\_\_\_\_ **INITIAL HERE** In a medical emergency, I hereby authorize Branson Karate to administer basic first aid care.

\_\_\_\_\_ **INITIAL HERE** Permission to Photograph or Video: I hereby authorize Branson Karate to take incidental photographs or videos of classroom activities and events. Some photographs and videos will be posted online.

**SIGNATURE:** \_\_\_\_\_ **SIGN HERE Date:** \_\_\_\_\_