



PRECISION MARTIAL ARTS ACADEMY

#207, 10807 Castle Downs Road, Edmonton, AB., T5X-3N7

Phone: (780) 472-6238, Fax: (780) 443-6493

Visit us at: www.precisionmartialarts.com



SPECIALTY CLASS PARTICIPATION FORM

Core Kick-boxing™ Zumba Fitness™ Yoga Flow™ Other: _____

New Return Student ID #: _____ Session Date: _____

How did you hear about PMAA? _____

Participant's Name: _____

Parent/Guardian (if under 18 years): _____

Address: _____ City: _____

Postal Code: _____ Phone (H): _____ Phone (W/C): _____

Birthdate: _____ Age: _____ E-mail Address: _____

Medical History (injuries, asthma, allergies, etc.): _____

Emergency Contact: _____ Phone: _____

Waiver/Release

I, _____, hereby make application to participate in a fitness program offered at Precision Martial Arts Academy and upon acceptance I sincerely pledge to obey all facility rules and regulations, which were formulated for the purpose of keeping order in the club and for the protection of pupils from injury. I further acknowledge and understand that a risk of personal injury is involved that requires my strict adherence to these rules and regulations and to the Instructor's discipline.

In consideration of accepting my application and a further consideration of the monthly and/or yearly fees required by the rules and regulations for the participation in the facility's activities, I, my heirs, executors, and administrators do hereby forever release, remise and discharge Precision Martial Arts Academy, its Owners, Instructors, Members and authorized guests from all responsibilities and claims for injury which I may receive while participating in a fitness program which may include, but is not limited to Taekwondo, Kick-boxing, Zumba, Pilates, Yoga, weight bearing and non-weight bearing exercises, or any other martial art and fitness related activity at the facility, and the parent or guardian of the applicant hereby requests that this application be accepted, and in consideration of this acceptance and the monies paid aforesaid, hereby agrees to indemnify Precision Martial Arts Academy, its Owners, Instructors, Members and authorized guests, of and from all manner of claims made by or on behalf of the Applicant.

I have read and understand the aforementioned Waiver and Release and agree to adhere to the Instructor's discipline and the rules as set forth by Precision Martial Arts Academy.

Date: _____ Participant Signature: _____

Parent/Guardian Signature: _____

For Office Use Only

Method of Payment: VISA MC AMEX DEBIT CASH CHEQUE # _____

Amount Paid: \$ _____ Credit Card #: _____ Expiry: ____/____ 3 Digit Code: _____

Signature for Credit Card Authorization: _____



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PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

For most people, physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity for them.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Has your doctor ever said you have heart trouble? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Do you frequently have pains in your heart and chest? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Do you often feel faint or have spells of severe dizziness? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Has a doctor ever said your blood pressure was too high? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be made worse with exercise? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Are you over age 65 and not accustomed to vigorous exercise? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If your answer to any of the above questions is YES, you may NOT participate in any of the activities offered, or use any of the equipment available at Precision Martial Arts Academy unless you present written permission from your physician. "Fitness Programs" (including free-hand exercises) whether casual or as part of a structured exercise, and also including the use of machinery and/or weights, necessarily involve the imposition of STRESS on one or more parts of the body, and the risk of injury and (in extreme cases, death) is therefore, an inherent part of any fitness program. Persons involved in fitness programs of any description **DO SO AT THEIR OWN RISK**. Precision Martial Arts Academy (a division of Fitness Foundations Inc.) makes no representation as to the efficacy of programs offered, nor assumes any responsibility or liability for injury, loss or death to person or property.

WAIVER/RELEASE

I, _____ **HEREBY CERTIFY** that I have read the aforementioned Par Q and the Waiver and
(Please print name)

Release Form, that I understand the same, and that I am of the full age of 18 years.

I HEREBY REQUEST Precision Martial Arts Academy to permit me to participate in a Fitness Program which may include but is not limited to Taekwondo, Kick-boxing, Zumba, Pilates, Yoga, Self-defense, and may include the use of machinery and/or weights, **FULLY UNDERSTANDING** that by participating in any such Fitness Program, I am assuming a degree of risk of injury and/or loss to my person, and/or death, and/or loss or damage to property.

IN CONSIDERATION of Precision Martial Arts Academy permitting me to participate in a Fitness Program as aforesaid, I for myself and my heirs, executors, administrators and assigns, **HEREBY COVENANT and AGREE** to release and discharge, and to indemnify and hold harmless Precision Martial Arts Academy, its agents, employees and all other persons employed or involved in Precision Martial Arts Academy, including all fitness instructors, from and against all losses actions claims costs expenses and demands in respect of injury, loss, death or damage to my person and property, whether direct or consequential, and howsoever caused.

Dated this _____ day of _____, 20_____.

Signature of Participant