



# Safety Waiver

Child's Name \_\_\_\_\_

Child's Age \_\_\_\_\_

Parent's Home/Cell Phone: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

Parent(s)/Guardian(s) Name(s):  
\_\_\_\_\_

Has your child ever taken martial arts lessons before? Yes / No

Where: \_\_\_\_\_

Instructor: \_\_\_\_\_



*All Information is kept confidential by Dragon Gym and its employees.*

My child, \_\_\_\_\_, has my permission to participate in a Martial Arts Class taught by the Dragon Gym. I hereby unconditionally release Dragon Gym, Dragon Gym Legacy Inc., its servants and/or employees from any and all liability for any claims, demands, injuries, damages, actions, or causes of action whatsoever, which are or may be sustained by, to or for myself, family members or my property arising out of control of or connected with the use of any services or facilities of Dragon Gym or Dragon Gym Legacy Inc. My child is in good health and/or has had medical approval to engage in any martial arts or fitness training programs. I assume all risks that are a part of and incidental to the Dragon Gym and I have read, understand and will comply with the above rules and regulations of the Dragon Gym.

\_\_\_\_\_  
Signature of Applicant/Parent/Guardian

\_\_\_\_\_  
Approved by