



# Liability Release Form

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: \_\_\_\_\_

Student #1 Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ M or F

Student #2 Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ M or F

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone (primary/best): \_\_\_\_\_

Do you know anyone who trains with us? Yes/No If yes, Who? \_\_\_\_\_

**How did you hear about us?:** Website / Social Media / Event / Referral / Party / School / Other: \_\_\_\_\_

**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? \_\_\_\_\_

Length of training: \_\_\_\_\_ What rank did you achieve? \_\_\_\_\_

What school do you currently attend? \_\_\_\_\_

What other sports/activities are you currently involved in? \_\_\_\_\_

**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, its 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: \_\_\_\_\_