



Member information form and Waiver

First Name: Surname:

Date of Birth: Mobile:

Email Address:

Address:

..... Post Code:

How did you hear about the club?

Previous Martial Arts Experience:

.....

Emergency Contact 1

Name: Phone Number:

Please read carefully and sign below

The above information is correct and I give permission for the administration of first aid to be applied if required. In consideration of my attendance and participation in any taught sessions or individual training connected to Inspire Jiu Jitsu & RGA Bicester LLP, I, the participant, acknowledge the existence of certain inherent risks in this type of training and hereby agree to assume all risks. I further relieve the academy, its management, assigned staff and fellow students from any liability resulting from personal injury, illness or loss of personal belongings. I also state that I am physically fit and healthy to partake in this activity and do so of my own free will.

I am happy for photos to be taken in class and at events to be used on the clubs social media pages and for advertising.

Print

Signed

Medical Declaration

If you feel that you may have any medical condition that may affect your training it is your responsibility to consult your doctor and you must inform your instructor BEFORE undertaking any exercise. You must give details in this box of any known medical condition (eg Asthma). If there is no such medical condition, please write NONE in the box.

Declaration

1. I do not have any medical condition that would prevent me from taking part in strenuous exercise.
2. I have never been convicted of a violent crime.
- 3. I accept that the practice of any martial art involves the risk of injury and that it is my responsibility to take out personal accident cover should I wish.**
4. I do not object to my personal details being held by RGA Bicester LLP whilst I am a member.

(Students under 18 years old must have a parent or guardian sign for them)

Print

Signed

