



EXTENDED WAIVER
7024 Troy Hill Drive, Suite L
Elkridge, MD 21075
443.283.1450

STUDENT DETAILS

STUDENT NAME _____ DATE OF BIRTH _____

PHYSICAL IMPAIRMENTS, ALLERGIES, MENTAL OR EMOTIONAL CONDITIONS:

REQUIRED MEDICATION

GUARDIAN DETAILS

GUARDIAN #1 NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ APT: _____ CITY: _____ STATE: _____ ZIP: _____

CELL PHONE () _____ HOME PHONE () _____ EMAIL: _____

GUARDIAN #1 NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ APT: _____ CITY: _____ STATE: _____ ZIP: _____

CELL PHONE () _____ HOME PHONE () _____ EMAIL: _____

EMERGENCY CONTACTS / AUTHORIZED PICKUPS

CONTACT #1 NAME: _____ RELATIONSHIP: _____

CELL PHONE () _____ HOME PHONE () _____ EMAIL: _____

CONTACT #2 NAME: _____ RELATIONSHIP: _____

CELL PHONE () _____ HOME PHONE () _____ EMAIL: _____

I understand that the emergency contact individuals listed above will be required to show valid identification when retrieving my child from Crazy 88 Mixed Martial Arts.

I understand that the program director has the right to disqualify any applicant at any time during the program. Should my child be disqualified, I understand that I will be awarded a conference with the Program director within 48 hours of my child's dismissal. I also understand and agree that Crazy 88 Mixed Martial Arts /or anyone working for or in conjunction with will not be liable or obligated to refund any payments made for services already provided.



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AGREEMENT TO TIMELINESS _____ (initials) I understand that if I do not pick up my child(ren) by the designated pick up time, I must pay \$1.00 for each additional minute after that time.

PERMISSION TO RIDE _____ (initials) I (We) hereby grant permission for Afore-Mentioned student to ride vehicles owned or provided by Crazy 88 Mixed Martial Arts. I authorize Crazy 88 Mixed Martial Arts representatives to obtain medical treatment for my child in case of serious illness or injury and agree to pay for such treatment. I understand that if a certified employee is not present a responsible staff member will dispense medications. I have documented on my summer camp applications all precautions and instructions regarding my child's medications. I have also noted any special health- related conditions or allergies regarding my child. I understand that my child may be transported in a vehicle that does not have air conditioning.

ADVISORY OF RIGHTS & RESPONSIBILITY _____ (initials) Safety is not the sole responsibility of the instructors and staff. Everyone in camp is responsible for their own safety and the safety of those around them.

All students have the right and responsibility to excuse themselves from any exercise they believe to be harmful to them. All students must evaluate each situation in the context of their skills and current physical condition, and conduct each drill in a manner that is safe. If an instructor gives an instruction that is unsafe for the student, it is the student's responsibility to inform the instructor that the skill might be unsafe. The instructor will routinely excuse the student from unsafe exercises and drills. The instructor may ask for an explanation, and the student is expected to provide one.

All students have the responsibility to train and conduct themselves in a manner that helps all students and instructors remain safe. Students must give those who are training enough room to avoid interfering and avoid being accidentally struck by someone else practicing, which is especially important when others are practicing the weapons.

In the event of an injury, students have the right and responsibility to evaluate the extent of harm, stopping what they are doing even if it includes a partner, and determining if it is safe to continue. Unless the student is certain that further practice will not create or worsen a problem, all students are encouraged to stop what they are doing and inform an instructor. In the event of a serious injury or appearance of a serious injury all student's instructors, staff, and visitors, notably parents, have the right to call a stop to a particular training exercise.

If a student notes an unsafe training exercise, which may include a student performing a skill incorrectly, a student not being careful about others, a defect in a piece of training equipment, a potentially dangerous obstacle or condition on the floor, or anything else that may cause or lead to the harm of students, instructors, staff, visitors, or guests, then the student is expected to correct the situation if within his ability or notify an instructor or staff member immediately. If something is simple to correct, such as picking up a weapon left on the floor, the student should correct the situation. If the situation may require the authority of the instructor or staff, or is not a simple matter, then an instructor or staff member should be notified immediately.

ASSUMPTION OF RESPONSIBILITIES & RISKS _____ (initials) Martial Arts is a potentially dangerous activity. Bumps, bruises, scrapes, scratches and soreness are commonplace, and most students will experience this type of minor injury from time to time in their training. More serious injuries are possible including, sprains, strains, twist, cramps, and injuries of similar magnitude, and students can expect to encounter these injuries infrequently. The possibility of more serious injury exists, including fractured bones, broken bones, torn ligaments, though not all students encounter such serious injuries. These remains, despite safety precautions, the remote possibility of crippling death, though this is certainly not expected in these martial arts classes.

I understand the above statement of risk, and I understand the rights and responsibilities of students. I assume responsibility for my own safety (or the safety of my child), understanding and accepting the risks involved with martial arts training. Even if the instructors have informed me that no serious injuries have ever happened at Crazy 88 Mixed Martial Arts or with any of the instructors, I understand that this does not mean there is no possibility of harm. By assuming the risk, I completely absolve all instructors, staff, guest, student, and landlords, management companies, and any all other parties for my harm, unless intentionally caused in criminal conduct.

I understand the nature of physical contact in martial arts training, and I understand that I have the right to immediately withdraw from any exercise or drill in which the contact of any partner seems beyond the scope of training or makes me uncomfortable. I agree to abide by the school etiquette in all manners pertaining, and shall not in any way conduct myself inappropriately or take inappropriate advantage of the contact martial arts training allows.



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INDEMNIFICATION BY PARENTS _____ (initials) I agree not to bring any claim or suit against 88 Brazilian Jiu-Jitsu LLC, instructors, staff, guests, students, landlords, or any other parties on behalf of my child for any injury or harm sustained by any event short of criminal act, and then only the criminal shall be the subject of such claim. I further agree that I will not cause to be brought, nor encourage a claim or suit. I also agree not to cooperate in the bringing of such a suit or claim expected in so far as I may be legally required to do so. Finally, I shall indemnify 88 Brazilian Jiu-Jitsu LLC, instructors, staff, guests, students and any and all additional defendants covered by this agreement for all judgments, cost attorney fees and other expenses incurred as a result of a breach of this agreement.

CONSENT TO INSTRUCTORS _____ (initials) This school seeks to make use of highly trained, professional instructors, with both expertises both in the arts we teach and in teaching. The head instructor or any other qualified instructor may teach classes. Should an instructor be unavailable for a given class, a junior instructor, senior instructor, or guest instructor may teach. The choice of the instructor is left to the discretion of Crazy 88 Mixed Martial Arts.

I understand that I may not always have the instructor I desire, but shall seek to learn from whoever is teaching, to show respect due to the position of the teacher to whomever is teaching, and to take responsibility for my own safety without regard to who is teaching the class. I specifically consent to any instructor Crazy 88 Mixed Martial Arts instructors, or staff feel are sufficiently qualified by any standards they set to the class. I specifically understand and agree that the full force of this document applies no matter who is teaching.

CONSENT TO PHYSICAL CONTACT _____ (initials) Complete martial arts training involves a wide variety of skills. While practicing skills, students may have contact with any portion of the body. The groin may be the target of kicks, strikes, and grabs during training by martial arts techniques, or incidentally contacted while performing a martial arts technique targeting another portion of the body.

While male and female students train together, or when adult and minor students train together and in any other training combination, the purpose and intent of the school, instructors and staff is to provide an environment for all students to learn and practice martial arts and self-defense. Students are expected to conduct themselves appropriately at all times to ensure the best training results for everyone.

Should any student feel a training partner is engaged in contact beyond the scope of training, or a training partner is taking undue or unacceptable advantage of training conduct, or if a student is made uncomfortable by any training exercise or partner, then that student has the right to withdraw from the exercise or drill. If the conduct of the training partner appears inappropriate, the student should inform the instructor privately. If the conduct of the training partner or any training partner appears criminal, then an instructor should be informed and the authorities may be either notified by the student or instructor, or both.

I understand the nature of physical contact in martial arts training, and I understand that I have the right to immediately withdraw from any exercise or drill in which the contact of any partner seems beyond the scope of training or makes me uncomfortable. I agree to abide by the school etiquette in all manners pertaining, and shall not in any way conduct myself inappropriately or take inappropriate advantage of the contact martial arts training allows.

I declare that all the information on this application is true to the best of my knowledge. I also understand that my withholding of information may result in harm to my child and/or other person attending Crazy 88 Mixed Martial Arts. I understand that I will be held personally/financially and criminally responsible from the actions that arise from me withholding and/or giving false information on this application.

Should any dispute arise between me, my child or anyone acting on behalf of my child, regarding Crazy 88 Mixed Martial Arts, then I specifically agree that the dispute shall be resolved in binding arbitration. Should a suit be filed in Court, I specifically authorize the Court to order the case to binding arbitration.

If any clause, sentence, phrase, or statement is found unenforceable or invalid by any Court of law, the remainder of the documents shall remain valid and the invalid clause, sentence, phrase, or statement shall be considered struck from the document.

The document is effective from the date signed with no expiration. Furthermore, the terms of this document are retroactive to the beginning of training and visiting Crazy 88 Mixed Martial Arts if this document was signed after this date.

I have read this document, and I understand the content of it. I agree and abide by the terms of it.

Approved By: _____

Student: _____

Date: _____

Buyer / Guardian: _____



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Authority to Treat

I, the undersigned, give the instructor, staff, and responsible adults the power to authorize medical or other treatments of the person named above under "Student Name", subject to the limitations listed below, if any. If I am not the person so named, I am the parent, guardian or adult responsible who has been contacted or has consented to the specific treatment, provided it does not conflict with the limitations outlined below. The authority begins on the date signed and continues indefinitely.

Limitations to treatment:

Information of Medical Significance:

By giving my authorization, I assume responsibilities for all decisions made, provided they are responsible decisions under the circumstances based upon the knowledge and understanding of the person making the decisions, and I trust their judgment and offer the benefit of the doubt to them in any claim or legal proceeding. This presumption may only be overcome by clear and convincing evidence that they acted with malice or willful gross negligence, and if so, they may still be liable.

Signature _____ Date: _____

Printed name of Parent(s) or Guardian _____

I understand that the instructors, senior students and others may have some skills in First Aid, CPR and, that they judge their skills would be necessary or helpful.

Student or Guardian Initials _____



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RELEASE FOR EMERGENCY CARE

This form must contain only one child's name, be notarized and updated annually.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child _____ in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Family Physician's Name/Health Care Resource _____

Telephone Number _____

Allergies _____

Date of last DPT or Tetanus _____

Insurance Company Covering Child _____

Policy Number _____ Group No. _____

GUARDIAN #1 NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ APT: _____ CITY: _____ STATE: _____ ZIP: _____

CELL PHONE () _____ HOME PHONE () _____ EMAIL: _____

EMERGENCY CONTACT #1 NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ APT: _____ CITY: _____ STATE: _____ ZIP: _____

CELL PHONE () _____ HOME PHONE () _____ EMAIL: _____

Signature _____ **Date:** _____

State of _____ **County of** _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20__ by _____, who is personally known to me or has produced _____ as identification and who did (did not) take oath.

Signed: _____

Name: _____ (typed, printed or stamped)

Title or rank: _____ **Serial Number(if any)** _____