Status4 Inc.
East End Cultural & Leisure Centre
575 Larsen Ave. Winnipeg, Manitoba
PO Box 37041, R2M 5M3

Martial Arts/Taekwondo Registration & Liability and Medical Waiver

Participant: _____
(First Name) (Middle Name) (Last Name)

Date of Birth: _____

Parent or Guardian: _____

Address & Phone: _____

PERSONAL MEDICAL INFORMATION
(NOTE: ALL OF THE INFORMATION IN THIS SECTION WILL BE TREATED AS STRICTLY CONFIDENTIAL, AND WILL BE USED ONLY IN THE DETERMINATION OF THE APPLICANT'S FITNESS TO PARTICIPATE IN MARTIAL ARTS ACTIVITIES WITH STATUS 4 Inc. AND IN CASE OF EMERGENCY.)

Are you allergic to any medications or drugs? _____ If so, please explain:

Do you have any medical/physical conditions that an emergency medical technician or medical worker should know about (for example, recent surgery, diabetes, contact lenses, etc.)? _____If so please explain:

Do you have any medical/physical conditions that may affect you or your ability to participate in class (for example, knee or back problems, neck injury)? _____ If so, please explain:

Emergency Contact: _____Relationship: _____

Phone Number & Address_____

STUDENT OATH

By accepting membership in the Status 4 Inc. Martial Arts programs, I agree to obey all of the rules and regulations that Status 4 Inc. has established or hereafter establish. I agree to exert my best efforts in the study of Status 4 Inc. programs, including its theoretical and technical aspects.

I understand that my promotion to belt ranks and to Dan ranks (black belts) is entirely at my teacher's discretion, and that being recommended to test for such promotions is contingent on my teacher's assessment of my daily practice, the frequency of my class attendance, my general progress, my daily mental attitude, and so forth. Finally, I will not under any circumstances make illicit or impermissible use of the abilities and techniques that I acquire in the process of studying Status 4 Inc. Martial Arts/Taekwondo programs.

AGREEMENT, ASSUMPTION OF RISKS, AND WAIVER OF LIABILITY

After discussing with one or more instructors at Status 4 Inc., the nature and type of instruction that the Status4 provides to its students, I hereby certify that I have read and agreed to each of the following provisions and agree to be bound by the terms herein:

1. I understand that these martial arts will require me to engage in strenuous physical exercise and activity, either individually or in participation in class with other students or instructors at Status4, and that the martial arts techniques which I learn at Status4 are capable of causing minor or serious physical injury (including abrasions, bruises, bleeding, broken bones or cartilage, or other tissue or organ damage), emotional or psychological injury, death, or property damage, whenever I use them against another person or physical objects, either in class at Status4 or elsewhere.
2. I understand that my participation in class at Status4 will require me to engage in conditioning exercises, formal exercises, and other physical activities that involve a risk, while minimal, that I will be subject to minor or serious physical injury (including abrasions, bruises, bleeding, broken bones or cartilage, or other tissue or organ damage), emotional or psychological injury, or death as a result of these exercises and activities.
3. I understand that the types of injuries described in paragraphs 2 and 3 may result not only from intentional action, but also from inadvertent, negligent, or reckless action, by myself or others, including the malfunction or failure of any of the equipment or facilities at Status4 (including pads, protectors, punching bags, and tumbling mats) and errors or mistakes in instruction or performance of techniques by instructors or other students at Status4.
4. I understand that the risks of any and all of the types of injuries described in paragraphs 2-4 cannot be significantly reduced or eliminated without adversely affecting, and even jeopardizing, the nature and quality of the instruction and activities at Status4.
5. I understand that neither Status 4 Inc. nor any of its directors, operators, officers, employees, instructors, students, or agents authorize me to use any of the fighting or defense techniques that I learn in my studies at Status4 against any other person, in any circumstances other than (a) martial arts training, matches, exhibitions, or demonstrations in which my instructors and I agree I am sufficiently qualified and physically able to participate at Status4 or elsewhere, and (b) self-defense or defense of others in a situation that involves the risk of imminent physical injury or death.
6. In the light of all of the foregoing understandings, I knowingly and voluntarily agree to assume all of the risks associated with participation in classes at Status4, including those risks described in paragraphs 2-4, and knowingly and voluntarily hold harmless, and waive any and all rights to initiate or maintain a lawsuit or otherwise seek or obtain any finding of liability against, Status 4 Inc., and any of their directors, operators, officers, employees, instructors, students, or agents.
7. I intend this Agreement, Assumption of Risks, and Waiver to be binding upon any and all of my parents, children, present and former spouses or life partners, heirs, assigns friends, personal representatives, and estate in perpetuity.

Applicant's Signature: _____ Date: _____

Applicant's Name (Please Print): _____

If Applicant Is A Minor At Time of Application:

I/WE HAVE LEGAL RESPONSIBILITY FOR THE PARTICIPANT WHO IS UNDER 18 YEARS OF AGE, HAVE READ THIS FORM, AND HAVE HAD THE OPPORTUNITY TO SEEK INDEPENDENT LEGAL ADVICE, AND FULLY UNDERSTAND ITS TERMS AND SIGN IT FREELY AND VOLUNTARILY.

Parent's or Guardian's Signature: _____ Date: _____

Parent's or Guardian's Name (Please Print): _____