

# LIABILITY WAIVER

Please Print Legibly

Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address for our newsletter: \_\_\_\_\_

Allergies to drugs or foods:  
\_\_\_\_\_  
\_\_\_\_\_

Special Medications or pertinent information: \_\_\_\_\_  
\_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance Co.: \_\_\_\_\_ Phone: \_\_\_\_\_  
Policy #: \_\_\_\_\_

The above named person is in good health. I give my permission for **North Dallas Martial Arts, LLC (NDMA)** officials to call a doctor or the person listed below in the event of an emergency. I will in no way hold **NDMA** officials or staff members responsible for any possible illness, accident or injury which might occur in class sessions or traveling to and from classes.

**We require first and last month's tuition, plus a \$10 registration fee. I can also set up a recurring credit or debit card payment to avoid paying the last month's tuition in advance. If I will not be continuing or will be taking a month off, I will let you know in writing two weeks in advance or forfeit the last month's tuition. I also understand that a \$20.00 late fee will be incurred if payment is not received by the first class of the month and I will not be allowed to work out.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date