

IMPORTANT! This Form must be COMPLETE AND SIGNED by either the student or parent/legal guardian if student is under 18 for the application to be complete or the student to participate in medium or full contact activities or drills.

PROOF OF INSURANCE FORM AND PERMISSION FORM

It is MANDATORY that all students carry their own medical insurance and that this form is signed to participate in lessons involving contact. Please fill out the appropriate information and have, if applicable, a parent or guardian sign below validating proof of student's personal coverage. Parent or guardian signature is required if student is a minor (under the age of 18).

NOTE: Students will be limited to participate in only low-level contact drills or exercises in class without this Proof of Medical Insurance.

NAME OF INSURANCE COMPANY

POLICY NUMBER

PRINT YOUR NAME (as it appears on Policy)

SIGN NAME: _____ **DATE:** _____

ASSUMPTION OF RISK AGREEMENT TO HOLD HARMLESS AND EMERGENCY RELEASE FORM

As the student or parent/legal guardian of the student named here _____ (student name), it is understood that participating in any sport can be a dangerous activity involving MANY RISKS OF INJURY. It is understood that the dangers and risks of participation in classes, lessons, practice, contest or activities of any Martial Arts (including Inayan Eskrima) include, but are not limited to; death, serious neck injury or impairment to other aspects of the body, general health and well being. It is understood that the dangers and risks involved with participation in classes, lessons, practice, contest or activities of a Martial Art (including Inayan Eskrima) may result not only in serious injury, but in a serious impairment of one's future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life. By signing below, the student and/or parent/legal guardian hereby assume all risks associated with participation and agree to hold the Inayan School of Eskrima as well as all Guros (Instructors), agents, fellow students, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with participation in classes, lessons, practice, contest or activities related to Inayan Eskrima. The terms hereof shall serve as a release and assumption of risk for your heirs, estate, executor, administrator, assignees, and for all members of the family. Additionally, by signing below the student and/or parent/legal guardian understand, in the event of an emergency every effort will be made to contact them. However, in the event they cannot be reached, this form hereby gives permission to the physician selected by the Inayan School of Eskrima to hospitalize and secure proper treatment (including surgery) for the student. Moreover, by the parent and/or student signing this form, they are agreeing to abide by all school/organization rules and reasonable authority of the Guros (Instructors) and/or those individuals as designated by an Instructor and that the student has deemed him/herself physically able to participate in the Martial Art of Inayan Eskrima.

Signature _____ Date _____
Parent / Legal Guardian

Signature _____ Date _____
Student

Name _____ Day Phone _____ Night Phone _____
Emergency Contact