

Trial Session Membership Form

To be completed by a parent or legal guardian if under 18

Classes run by the Bushido Martial Arts Association may involve physical exertion, it is your responsibility to ensure that you have the required level of fitness for the class in which you participate. If there is any question regarding your ability to take part then you should ensure you have obtained clearance to do so from your physician.

Class date: Applicable for	2 sessions within 4 weeks of this date
Full Name:	
Date of Birth: Occupation:	
Address:	
	Post Code:
Telephone:	Mobile:
Email Address:	
Emergency Contact Name:	
Relationship:	Tel:
Medical questionnaire completed: Y / N	

Please use my details to contact me regarding future events and special offers: Y / N

Declaration:

I consider myself to be physically fit and capable of full participation in the above class. I agree to notify the instructor of any changes to my condition during the session and give my permission for any member of the Bushido Martial Arts Association to obtain emergency medical treatment should they believe it is required. I have completed a current medical/fitness questionnaire and provided to the association.

I agree to partake in the session and follow all instructions given by the instructor. I accept responsibility for any injury sustained by myself or others that is caused by any deviance from the given instructions. Although reasonable precautions are taken by the Bushido Martial Arts Association, by definition there are risks associated with the training provided that can result in injury, for this the Instructor and Association cannot be held responsible and I therefore participate fully at my own risk.

I understand that while training is to be provided in order to gain fitness, martial arts knowledge or selfdefence awareness, there are no guarantees by the association with regards to abilities following the class. The Association can therefore not be held responsible for any events outside of the class or usage of any of the techniques/skills taught during the session.

I understand that there may be photography (both still and video) during the class for the purposes of Club/ Association promotion and that my image may be captured within these. The images/footage may be used by the Club/Association for all general purposes, e.g. local newspapers, promotional articles, flyers, website, blog and social media including Facebook and YouTube.

Signed:	
Date:	