



# CHESTER COUNTY KRAV MAGA



## STUDENT WAIVER FORM

I, the undersigned, do hereby voluntarily submit for participation in the programs offered by CCMAA, LLC. DBA Chester County Krav Maga, and hereby assume full responsibility for any and all damages, injuries, or losses that I may sustain or incur, if any, while attending or participating in any program and/or seminar they may offer. I waive all claims against the owners, operators, instructors, and students of Chester County Krav Maga, CCMAA, LLC., individually or otherwise, for any claims or injuries that I may sustain. I further understand that I am entering the school at my own risk and that any medical treatment given to me will be first aid treatment only. I declare that I am free of any physical defect or illness, which might prohibit my participation. If a student is under the age of 18 years of age this release and consent is to be signed by a parent or guardian. I further agree to abide by all rules of CCMAA, LLC. / Chester County Krav Maga. I certify that the information below is correct and accurate to the best of my knowledge. The staff of CCMAA, LLC. / Chester County Krav Maga reserves the right to refuse entry, enrollment, and participation to anyone without cause.

**\*\*\*\*THIS FORM MUST BE COMPLETED IN FULL IN ORDER TO PARTICIPATE\*\*\*\***

### STUDENT INFORMATION

STUDENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**\*STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### **\*IF UNDER THE AGE OF 18, A PARENT / GUARDIAN MUST COMPLETE THE INFORMATION BELOW**

PARENT/GUARDIAN NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**\*PARENT / GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### TO BE NOTIFIED IN CASE OF AN EMERGENCY

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_