

# Jing Ying Institute Waiver Form

Please Print Clearly

Office Use

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Name (*Print Clearly*): \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M / F

Add: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

(Used to send important notices, periodic updates and other information)

## Release and Waiver of Liability and Indemnity

Student acknowledges that programs made available by Jing Ying Institute can involve physical contact and participation may result in serious injury. Programs also involve strenuous physical activity and personnel of Jing Ying Institute have no expertise in diagnosing, examining or treating medical conditions of any kind or in determining the effects of specific exercises or activities on medical conditions. Student certifies that they are in good physical condition and have no disease, injury or other condition that would prohibit their participation in our programs. Student should consult their physician if they have any questions about the suitability of our programs or their effect on any existing medical conditions.

Student recognizes and understands that risk of injury may be due to not only their own actions, but also the action, inaction, or negligence of others, the conditions of the premises, or any of the equipment used. Student acknowledges that prior to participating in any activity, they should inspect the facilities and equipment to be used, and if they believe anything is unsafe, they should immediately advise officials or instructors of the unsafe conditions and refuse to participate. Student understands that participation in all activities is voluntary, and if student feels any activity is beyond their capabilities or unsafe for any reason, they should refuse to participate in those activities.

Student agrees to release, waive, hold harmless, indemnify and discharge Jing Ying Institute, their officers, owners, employees, instructors, participants, and the owners and leasers of the premises, from any and all liability to the undersigned, their heirs and next of kin for any and all claims, demands, losses and damages which may be sustained and suffered on account of any injury including death or damage to property caused or alleged to be caused in part or in whole by the negligence of the releasees or otherwise. Student assumes full responsibility for any risks and accepts personal responsibility for any damages or injury that may result and understands it is their responsibility to obtain their own medical coverage.

Student understands that on occasion, photographs or video recordings may be made of activities associated with Jing Ying Institute. Student hereby gives consent for those photographs or video recordings to be used in marketing or instructional materials that may be distributed and used for commercial and public use.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent or Guardian signature if student is under 18)

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

(Print Clearly)

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

*Please fill out other side*

**How did you hear about Jing Ying Institute?**

Phone Book  Website  Demonstration: LOCATION  Friend: NAME  Sign  
 Newspaper  Brochure  Other: \_\_\_\_\_

**What do you hope to gain from classes at Jing Ying Institute?**

Fitness/Health (flexibility, strength, endurance, coordination, speed)  Weapons training  
 Balance  Relaxation  Weight loss  Stress reduction  Meditation  Focus/Concentration  
 Self-defense  Self-discipline  Self-esteem  Self-control  Competition  Community  
 Other: \_\_\_\_\_

**Employer or school:** \_\_\_\_\_

Name of Spouse (if applicable): \_\_\_\_\_

**Any previous martial arts experience? Y / N (If no, skip to next section)**

Style: \_\_\_\_\_ How long: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Where: \_\_\_\_\_ When: \_\_\_\_\_ Competition experience: Y/N

Reason for leaving: \_\_\_\_\_

**Sports or hobbies:**

\_\_\_\_\_

**Any concerns or issues to share?**

\_\_\_\_\_

\_\_\_\_\_

Instructor Notes:

Date of intro lesson: \_\_\_\_\_ Instructor: \_\_\_\_\_ Approved: \_\_\_\_\_