



8924 McGaw Court  
Suite 300  
Columbia, MD 21045  
(410) 312-5262  
www.nfmarepect.com

## Student Information Waiver Form

Please print legibly!

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of parent/guardian 1: \_\_\_\_\_

Name of parent/guardian 2: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are there any physical or mental conditions that may affect your child's training?

yes  no If so, please explain briefly: \_\_\_\_\_

Does your child have any allergies?  yes  no If so, please explain briefly: \_\_\_\_\_

Has your child had prior Martial Arts training?  yes  no

If so, what type? \_\_\_\_\_

Waiver:

I recognize and acknowledge that there is a known risk of injury involved in the participation of any Martial Arts and/or kickboxing program. I agree to assume this risk and agree that Nabaiee's Family Martial Arts, Mr. Nabaiee and all persons participating in the instruction/management at Nabaiee's Family Martial Arts, will not be held liable for any damages or injuries caused by the use or practice of any techniques presented in the classes. I understand also that I do not have to participate in any activity or training exercise that I do not feel is in my best interest.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

\* Please return this form on the day of / before the event. Without this information, your child will be unable to participate in the activities.