

# Dartmoor Karate

## Participant Information

Name	
Address	
Date of Birth	
Contact Phone Number	
Contact Email	
Emergency contact details (name & phone number)	
Past karate or martial arts training (grades, time training, association etc).	

### Declaration and Limitation of Liability

- 1) I understand that no part of the training is compulsory. It is my responsibility to determine whether I consider that my health and fitness allows me to complete any or all parts of the training session.
- 2) I should alert my Instructor and other individuals with whom I train if I have an injury or other disability which may affect my ability to train or may require them to modify the way in which they train with me. Notwithstanding this, it remains my responsibility to ensure that I train within my personal limits and if I consider that there is a risk I should avoid that part of the training, or refrain from training.
- 3) Karate is a martial art and as such there is a risk of injury, which could be serious or even result in death. Whilst we train to either avoid contact in kicks or punches or to have light contact such that the risk of injury is reduced, that risk remains. I understand and accept that risk.
- 4) I confirm that I hold the school, instructors, employees, volunteers and other participants harmless from any and all liability (including legal fees and costs) for all claims, actions or damages due to injuries suffered by me or caused to third parties by me arising from the karate training or any related events.

- 5) I understand that all individuals have the right to be treated equally regardless of age (except to the extent that training is restricted to adults), ability, gender, race, ethnicity, religious belief, sexuality or social/economic status and that all those training have a right to do do in an environment free from threat, intimidation and abuse and that a breach of this rule will result in exclusion from training.
- 6) I will not attend if I have consumed alcohol or any drugs that day which may affect my co-ordination or control.
- 7) I confirm that you may contact me by 'phone, text or email in relation to training times and other karate related matters.
- 8) I understand that I am required to be a member of SKKIF and that it is my responsibility to maintain that membership. I understand that maintaining the membership is important because it provides insurance cover between members.

Signature: .....

Date: .....