OTTAWA ACADEMY
OF MARTIAL ARTS

PERMISSION TO PARTICIPATE

Carling 613-728-0880 · · Kanata 613-831-7900 · Rockland 613-446-3322

Please provide the following information - the form must be complete; our insurance requires this for you and/or your child to participate.

You may join the mat area when you hand in your completed form at the front desk. Thank you.

Permission: The undersigned acknowledges the existence of certain inherent risks in this type of training and hereby agrees to assume all risks. He or she further relieves Ottawa Academy of Martial Arts Inc. and its affiliated companies including ("OAMA" or "Renzo Gracie Academy Inc." "Rockland Academy of Martial Arts Holdings Inc." or "Tier One Martial Arts and Fitness Inc."), its management, assigned or contracted instructors and fellow students from any liability resulting from personal injury and/or loss of personal property. Occasional photos or videos of class or special events may be taken. Such materials may be used as advertising media. The undersigned waives claim to all model rights whether active or passive.

INFORMATION ABOUT PARTICIPANT:

Name: _____ Age: _____

Grade: _____ School: _____

Do you have any Martial Arts experience? ☐ YES ☐ NO

Parent name:_____

Address:_____

City:_____

Postal Code: _____

E-Mail:_____

Cell Phone:_____

Limitations: _____

Parent signature: _____