



My Main Goal for attending Colorado Krav Maga is:

- Learning to Defend Myself and Family
 Weight Loss
 Overall Fitness!
 Overall Confidence in Life!

How many Lbs? _____

How soon? _____

DATE: _____

Student's Name: _____ **Age:** _____ **Birthday:** _____

Additional Participant(s): _____ **Age:** _____ **Birthday:** _____

_____ **Age:** _____ **Birthday:** _____

Parents Name (if under 18 years of age): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **E-mail:** _____

Emergency Contacts: (Other than listed above)

Name: _____ **Phone:** _____

How did you hear about us?

- Magazine
 Newspaper
 Flyer
 Location/Sign
 Referral
 Internet
 Other: Explain _____ TV or Theater Commercial

Medical concerns or current injuries: _____

Answer yes or no to the following questions:

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	Yes	No
2. Do you feel pain in your chest when you do physical activity?	Yes	No
3. In the past month, have you had chest pain when you were not doing physical activity?	Yes	No
4. Do you lose your balance because of dizziness or do you ever lose consciousness?	Yes	No
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?	Yes	No
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?	Yes	No
7. Have you ever suffered from shortness of breath at rest or with mild exercise?	Yes	No
8. Do you currently exercise at least once a week and/or work in a job that is physically active?	Yes	No
9. Do you know of any other reason why you should NOT participate in an exercise program?	Yes	No

If you answered yes:

If you answered yes to one or more questions, are older than age 40, **have been inactive** or are concerned about your health, consult a physician before taking a fitness test or substantially increasing your physical activity. You should ask for a medical clearance along with information about

specific exercise limitations you may have. In most cases, you will still be able to do any type of activity you want as long as you adhere to some guidelines.

If you answered no:

If you answered no to all the PAR-Q questions, you can be reasonably sure that you can exercise safely and have low risk of having any medical complications from exercise. It is still important to start slowing and increase gradually.

When to delay the start of an exercise program: If you are not feeling well because of a temporary illness, such as a cold or a fever, wait until you feel better to begin exercising. If you are or may be pregnant, talk with your doctor before you start becoming more active.

1. DISCLAIMER OF LIABILITY/GENERAL RELEASE & WAIVER. I understand that I have been, or will be, admitted as a member of the Colorado Krav Maga Inc Training Centers, hereafter referred to as the "Center", based in material part on this General Release and Waiver. I am fully informed and aware of the nature of the classes and the physical dangers therein. As a member of the Center, I intend to and will engage in strenuous physical activities and classes on the Center's premises, and other locations designated for training from time to time. I understand that these physical activities involve certain risk and exposure to personal injury, which risk and exposure I voluntarily assume for myself and any member of my family, including children who visit the Center. In consideration of mutual covenants contained herein and other good and valuable consideration, including the use of the Center's facilities and the admission of members of my family including children, the receipt and sufficiency of which is hereby acknowledged, I hereby release in full and forever discharge the Center, its Directors, Officers, Managers, Members, Employees, Contractors, and Agents, and all other members and guests of the Center, whether acting officially or otherwise, on behalf of myself or any member of my family, our Representative Heirs, Executors, Administrators and Personal Representatives, from any and all injury, liability, damages, claims, demands, and or causes of action, whether foreseen or unforeseen, relating to or deriving from any injury to me or any injury to any member of my family, including children, during or arising out of the use of the Center's facilities or participation in any Center event.

2. RULES AND REGULATIONS. MEMBER AGREES TO FOLLOW CLUB RULES AS PROMULGATED FROM TIME TO TIME. Violation of these rules may be the cause for suspension or cancellation of membership by the Center, without a right to be refunded any pre-paid fees and without relieving Member of any payment obligations set forth in the Membership Agreement, including the Note (hereafter collectively referred to as "Agreement").

3. LOST OR STOLEN PROPERTY. It is understood and agreed that the Center, its agents and employees are not responsible to lost or stolen articles or any other possessions of personal property.

4. Demeanor. While on Center premises, everyone shall refrain from using loud, foul, or slanderous language or harassing, molesting, badgering, or soliciting other individuals. In no event shall members behavior, demeanor, hygiene, or attitude be in any way offensive, threatening, intimidating, unsanitary or in any manner contrary to the best interest of the membership as a whole.

5. NO WAIVER. Center may enforce any term of this Agreement, or exercise any right created by it, regardless of the number of times it has opted not to enforce the same term or exercise the same right in the past.

NOTICE –COLORADO KRAV MAGA INC AND THE KRAV MAGA TRAINING CENTERS URGES ALL MEMBERS TO OBTAIN A PHYSICAL EXAMINATION FROM THEIR PHYSICIANS PRIOR TO THE ATTENDANCE IN ANY EXERCISE OR KRAV MAGA CLASS. IN RECOGNITION OF THE POSSIBLE DANGERS CONNECTED WITH ANY PHYSICAL ACTIVITY, MEMBER(S) HEREBY KNOWINGLY AND VOLUNTARILY WAIVE ANY RIGHT OR CAUSE OF ACTION OF ANY KIND WHATSOEVER ARISING AS THE RESULT OF SUCH ACTIVITY FROM WHICH ANY LIABILITY MAY OR COULD ACCRUE TO COLORADO KRAV MAGA INC OR ITS OFFICERS, AGENTS, MEMBERS, EMPLOYEES OR INSTRUCTORS.

Print Participants Name(s): _____

Students Signature _____ Date: _____

Guardian Signature (if under 18 years of age) _____ Date: _____