



Martial Arts Registration and Contract

Student Information:

First Name of Student: _____

Last Name of Student: _____

Age of Student: _____

Date of Birth: __/__/____

Parent/Guardian/Caregiver Information

First Name: _____

Last Name: _____

Email for communication: _____

Home: _____ Cell: _____ Work: _____

Alternate Parent/Guardian/Caregiver

First Name: _____

Last Name: _____

Email for communication: _____

Home: _____ Cell: _____ Work: _____

Do you want both parents/caregivers to receive club notifications? Y/N

Waiver and Release

I do hereby agree to participate in or allow my child to participate in the Martial Arts Program run by Praxis Training Centre (referred to as "Company"). The responsible party must read the entire contract before signing.

I recognize the risks of injury that are common to any martial arts program that my child or I participate in and I do hereby waive and release the Company from and against any and all claims, actions, causes of action, damages, costs, liabilities, expense of judgments, including attorney's fees and court costs, that arise out of my participation or my child's participation in this program. I hereby execute this Waiver and Release form permitting my child and / or myself to participate in the Company's program.

Medical Consent: If medical care is deemed necessary and I cannot be contacted, I authorize Praxis Training Centre Limited staff to act on my behalf in deciding the proper course of action for my child. This includes but is not limited to permission for Praxis Training Centre Limited to render any emergency medical treatment that the staff deem appropriate and/or necessary for the well-being of me or my child, including, but not limited to First Aid, CPR, calling emergency ambulance transportation and hospitalization, if necessary. I understand and agree that any and all actions taken by Praxis training Centre Limited for the benefit of my child comes at my cost, including but not limited to, emergency medical treatment or care and ambulance transportation. I promise to hold Praxis Training Centre Limited harmless and indemnify Praxis Training Centre Limited for any and all costs associated with any medical treatment it has deemed necessary and/or appropriate for the well-being of me or my child, including, but not limited to, any and all costs associated with emergency room visits, hospital care, and ambulance services. I specifically release Praxis Training Centre Limited from any and all claims, loss, costs, damage, or expenses arising out of or from the exercise of their discretion in seeking medical treatment on behalf of me or my child as Praxis Training Centre Limited may deem necessary and/or appropriate, and also release Praxis Training Centre Limited from any and all claims, losses, costs, damages, and/or expenses associated with any negligent treatment or medical malpractice committed by any medical professional, which I might otherwise pursue against Praxis Training Centre Limited in whole or part, including joint or several liability.

Media Consent: I hereby grant permission for Praxis Training Centre Limited to take photographs or videos of my child in connection with class activities, events, grading and individual lessons. I hereby grant permission, without any liability on the part of Praxis Training Centre Limited, its agents or employees, any photographs taken may be used for internal purposes such as in club communications, newsletters, and external promotions. It is my understanding that any photograph, interview, video recording and/or audio recording, or portions of, may be used for public view, including but not limited to television, radio, print media, social media (Instagram, Facebook, and sites we deem appropriate) and internet websites. I understand and agree that neither I nor my child will receive any financial remuneration in connection with any interviews, photographs, video recordings, or audio recordings taken of my child..

Safety Consent: I also agree to adhere to any safety precautions as laid out by the Government of Ontario and Praxis Training Centre including the Covid Rules posted on the website and in the dojo. The signing below indicates that you have read the Waiver and Release guidelines, terms and conditions, and regulations on this contract and fully understand the contents.

I have executed this Waiver and Release this _____ day of _____, 20_____.

Signature of Student or Parent or Guardian if under the age of 18

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