## Classical



## **Martial Arts**



Canada

## GRADING / SEMINAR / TRIP WAIVER / MEDICAL DISCLOSURE

NAME:	DATE:
DOJO:	SENSEI:
	y; however, I understand that during the grading ctivities there is always the possibility/risk of
The undersigned, intending to be legally borelease, and forever discharge any and all accrue against Classical Martial Arts Canada and any and all other persons associated widue to injuries, etc., that may incur as a resu	pation, I,, bund for myself, heirs, executors, hereby waive, rights/claims for damages which may hereafter a, The Classical Martial Arts Centre, C.M.A.C., ith this event in any capacity from any liability lt of attending and/or participating in this event. i.e. allergies, prescription drugs, medical
Student/Participant Signature	Date
For participation in CMAC Black Belt Grassigned by grading candidate in order to part	ding, the section below must be completed and
CMAC is SMOK	E and DRUG FREE
•	o instructors, assistants, and students grading for drug free and remain smoke and drug free. The Smoking is a drug addiction.
(by initialling this form, you a	are verifying that you are drug and smoke free)



