



# Martial Arts Toronto

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## GRADING / SEMINAR / TRIP WAIVER / MEDICAL DISCLOSURE

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DOJO: \_\_\_\_\_ SENSEI: \_\_\_\_\_

Every attempt is made to ensure your safety; however, I understand that during the grading process/seminar/trip/training and related activities there is always the possibility/risk of injury.

In consideration of acceptance of my participation, I, \_\_\_\_\_,  
The undersigned, intending to be legally bound for myself, heirs, executors, hereby waive, release, and forever discharge any and all rights/claims for damages which may hereafter accrue against Martial Arts Toronto and any and all other persons associated with this event in any capacity from any liability due to injuries, etc., that may incur as a result of attending and/or participating in this event. Additionally, special medical discloser, i.e. allergies, prescription drugs, medical conditions, etc., are:

\_\_\_\_\_.

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Student/Participant Signature

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Date