



MEDICAL AGREEMENT & PERSONAL INSURANCE DETAILS

dart 05

The following medical conditions may affect your ability to take part in this Training Programme:

Heart Condition, Eye Condition (eg glaucoma), Chest pains, Lower back pain, Other (eg. Joint pain), Hernia/Hiatus Hernia, High Blood pressure, Migraine, Epilepsy, Asthma, Diabetes, Neck Pain, Arthritis, Any other physical injury or mental condition that might affect your ability to train, Surgical operation (within last 5 yrs), Prescription Medication.

If any of the above apply to you, then you are advised to check with your medical practitioner whether she/he approves your attendance at this class. Please ensure you discuss your condition privately with the coach before the session starts.

If you have any medical conditions, injuries, have had any surgery or are taking any medication please list them here:

If you have any convictions or cautions please write them on the back of this sheet. Failure to declare any convictions will result in removal from training.

I have voluntarily agreed to participate in the personal safety and confrontation management programme that is being presented here by the Practical Karate Association (hereafter the 'training programme').

I understand that the training programme will require participants to participate in physical activity related to martial arts, self defence and combatives. Participants will actively engage in physical training exercises that may include, but not be limited to, close quarter combative training drills, ground fighting, joint manipulations, application of pressure points, achieving physical control over others, weapon protection, throws, falls and scenario simulations. The training may require participants to use training equipment and actively engage in close quarter self defence or combat exercises. I additionally understand that I may experience emotional or mental stress as a result of my participation in the training programme. Notwithstanding my awareness that certain risks and dangers exist and may occur during this training, I still wish to participate.

I further state that I HAVE READ THE ACCOMPANYING SAFETY BRIEF AND KNOW THE CONTENTS THEREOF AND SIGN THIS OF MY OWN FREE ACT.

I additionally certify that if I have a medical condition or injury which may be worsened by physical activity in this training programme I have consulted with an appropriately qualified medical practitioner to get permission to engage in the training programme and I have notified the instructor in advance of this fact. I further state that I will notify the instructor should I receive any injury and that I am responsible for preventing further injury at any time. I give consent here for photographs and videos of training to be made and used for coaching and used in promotional material such as adverts, books, magazines and websites – I understand that all public photographs will be anonymous.

Name of Participant: _____ Date: _____

Nationality: _____ Date of Birth: _____ Age: _____

Address: _____

Phone number: _____ E mail: _____

Emergency Next of Kin Name: _____ NOK Contact Number(s): _____

Participant's Signature: _____ Signature of Parent/Guardian (if under 18) _____

Confidential Document