

# VAULT STUDENT DISCLAIMER

## Disclaimer and Medical Form

This is a Self Defence Contact Sport that you are participating in and could involve an injury.

You agree to pay £8 for Martial Arts insurance; which will come into effect on your 2<sup>nd</sup> week of training.

By completing and signing this form you take responsibility for any injuries you may receive or cause, whilst attending a 'Krav Maga Self Defence' class led by any insured Instructor at any of our Vault venues.

### STUDENT INFORMATION

Student's last name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid	
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?	(Former name):	Birth date: / /		Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:						
Post Code:		Mobile Phone no.:		Email Address:		
Do you have any Criminal Convictions (please check one box):			<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If so please detail:						

### INSURANCE INFORMATION

(AMA Insurance Details) <b>****Please Note: Students train at their own risk until they have Insurance Cover****</b>						
Birth date: / /		Address (if different):			Home phone no.: ( )	
Medical Conditions:	<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Asthma	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Suffer from Fits / Black Outs	<input type="checkbox"/> Pregnant	
Any other Medical Conditions:						
I enclose a payment of £6.00:		<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Other (Please State)		

### IN CASE OF EMERGENCY – NEXT OF KIN

Name of local friend or relative (not living at same address):	Relationship to student:	Home phone no.: ( )	Work phone no.: ( )
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### CLUB MONIES

After your 3<sup>rd</sup> training session you will be required to pay membership fees to your Vault Instructor. This will cover you for the full year.

### PHOTOGRAPHIC /VIDEO FOOTAGE - CONSENT

I allow the club to either use photographic or video footage of you in training; these may also be used for our website.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

The above information is true to the best of my knowledge and I understand that every care will be taken to give safe instruction, I accept full responsibility and consider myself fit to exercise. I have answered all questions correctly and all medical and health considerations are noted above.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*