

**AFMAA MEDICAL TREATMENT AUTHORIZATION FORM**

**This form grants authority to AFMAA to provide and arrange for medical care in the event of an emergency for the following people below.**

Responsible Party: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Relationship to Participant(s): \_\_\_\_\_

Participant	Birthdate	Gender	Allergies / Other medical info

Primary Care Physician: \_\_\_\_\_

Physician's Phone (\_\_\_\_) \_\_\_\_\_

Medical Insurer/Health Plan: \_\_\_\_\_ Policy #: \_\_\_\_\_

Please note any other significant medical information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I hereby grant my authorization and consent for AFMAA to administer general first aid treatment for any minor injuries or illnesses experienced during my participation in AFMAA activities. If the injury or illness is life threatening or emergency treatment is required, I authorize AFMAA to summon any and all professional emergency personnel to attend, transport, and treat the medical condition and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur if I am unable to communicate my own desires or in the case of a minor, if I, as parent or guardian, am unable to be contacted.

I agree to assume financial responsibility for all expenses of such care rendered in accordance with this authorization. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of AFMAA in the exercise of AFMAA's best judgment upon the advice of any such medical or emergency personnel.

I have reviewed and agree to the terms of the *AFMAA Waiver and Release*, which is on the reverse side of this document.

**NOTICE: BEFORE SIGNING THIS AGREEMENT, PLEASE READ IT CAREFULLY. BY SIGNING IT YOU ARE MAKING BINDING PROMISES AND YOU ARE POTENTIALLY WAIVING LEGAL RIGHTS**

\_\_\_\_\_  
**Participant or  
Parent/Legal Guardian if participant  
Is under 18 years**

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

## **AFMAA Waiver and Release**

**The AFMAA Waiver and Release applies to you, your children, parents, and guardians (known as “you”, “participant”) attending any class, seminar, special event, camp, or activity (free or paid) that is arranged or provided by Attitude First, LLC, Attitude First Martial Arts Academy (AFMAA), its associated partners, vendors or users of the facilities.**

1. **Terms and Conditions:** I have agreed to abide by all terms and conditions that are listed on AttitudeFirst.com/terms-and-conditions/
2. **Lost, Damaged or Stolen Property.** AFMAA assumes no responsibility for lost, damaged or stolen property.
3. **Photography and Likeness Release.** As a condition of becoming engaging in any activity arranged or provided by AFMAA, You hereby grants AFMAA, and any AFMAA authorized media, Production Company or promoter(s) the permission to utilize the participant’s appearance, name, voice and likeness in connection with training and publicity for AFMAA and in connection with the promotion of the AFMAA in any and all manner and media throughout the world in perpetuity. You hereby waive any right that they may have to inspect or approve any finished product or any advertising copy that may be used in connection therewith or the use to which it is applied. You hereby warrant that you have the right to make this release and that granting this release and the rights conveyed thereby will not infringe the rights of any third party. You hereby assign all right, title, and interest you may have in any and all media in which any or all of the your appearance, name, voice or likeness have been captured in connection with the above to distributors, along with full rights of assignability.
4. **Assumption of Risk of Injury.** You understand that martial arts and any fitness-related class have an inherent risk of accidental physical injury and you agree that the risk of any such injury is assumed by you. This includes, without limitation, your participation in any activity, lesson, class, program, personal, training, or other instruction. You agree that the participant is voluntarily participating in these activities and assuming all risk of injury or contraction of any illness or medical condition that may result.
5. **Ability to Participate; Physical Contact; Risk of Injuries; Safety.**
  - a. Ability to Participate. You understand that AFMAA recommends that the participant consult with a physician prior to beginning any AFMAA activity. You represent that the participant is in good physical condition, is not suffering from any heart, lung, or other bodily ailment and is in all respects physically fit to engage in AFMAA’s martial arts curriculum.
  - b. Physical Contact. Physical contact will be used by employees, other participants and authorized individuals, as part of the course of AFMAA instruction. You have been advised of such fact and gives full consent to any physical contact as may be required or customary to martial arts training.
  - c. Risk of Injuries. By participating in any class, You accept the risk of related injuries. You acknowledge that AFMAA has no expertise in diagnosing, examining or treating any medical condition.
  - d. Safety. You represents that the participant does not pose a risk of transmission of any serious communicable disease to other AFMAA participants with whom the participant will be training and that if any such risk becomes known to You, You will promptly notify AFMAA of any such condition. You agree not use any AFMAA facilities with any medical condition, including open cuts, abrasions, sores, infections, maladies or inability to maintain personal hygiene, if such conditions pose a direct threat to the health or safety of you others. You agree that the participant will use AFMAA facilities in accordance with all applicable public health requirements.
6. **Protective Gear and Equipment.** You has been advised that strict observance of the rules and regulations relative to AFMAA martial arts training is mandated and includes the use of protective equipment and clothing generally accepted by the martial arts and fitness industry. This equipment and clothing may help to minimize the possibility of accident or injury. AFMAA does not warrant the adequacy or suitability of the protective equipment, regardless of whether any such clothing or protective equipment was purchased from AFMAA You understands that the practice of martial arts involves physical contact and potential bodily injury even with the use of protective equipment. All safety equipment and clothing must be clean and properly maintained or replaced if torn or inadequately functional. AFMAA does not warrant that protective equipment will completely eliminate the possibility of accident, injury or death, but will reduce the risk or accident, injury or death.
  - a. Required protective gear for children and adults: Groin Cup and Supporter are required for males and are optional for females. Appropriately fitting mouth guards for all participants.
  - b. Recommend protective gear (all ages): Chest Protectors, Head Gear, Hand Pads, and Foot Pads is highly suggested. Shin guards, Forearm guards, Crotch protectors (women only), and Breast guard (not necessary with adequate chest protectors) are also suggested.
7. **Waiver and Release of Liability.** You acknowledge that you and the participant have read this waiver and release and fully understand that it is a release of liability. You hereby waives any right that the participant may have, by or on behalf of yourself, your spouse or any child (minor or otherwise), to bring a legal action or assert a claim for injury or loss of any kind against AFMAA (and its owners, principals, instructors, agents, directors, officers, promoters, sponsors, advertisers, affiliates, representatives, successors, and assigns) for negligence or arising out of or relating to participation by yourself, your spouse or child in any of the activities, or use of the equipment, facilities, or services provided, or on account of any illness or accident, or damage to or loss of your personal property. In consideration of being permitted to participate or enroll in AFMAA for a course in self defense or fitness activity, you, your personal representatives, assign, heirs, successors in interest, and next of kin, herby release, waive, discharge, and covenant not to sue AFMAA, its owners, principals, instructors, agents, directors, officers, promoters, sponsors, or advertisers, all for the purposes herein referred to, from all liability to you, your personal representatives, assigns, heirs, successors in interest, and next of kin, for all loss or damage whatsoever, and any claim or damage therefore, on account of injury to your person or property or resulting in your death, whether caused by negligence or any other acts of the association.
8. **Rights Reserved.** AFMAA reserves the right to suspend or revoke any participation in any class, without refund, if You or your guests (1) fail to follow any AFMAA rules and regulations, (2) create a nuisance or disturbance for other participants, (3) engage in acts of moral turpitude or fraud, or (4) engage in fighting, assault or other acts of physical violence, or violations of the law regardless of the location of such acts. AFMAA shall have the sole discretion to terminate or suspend any participant from participation in the AFMAA course of the instruction for these reasons.

**INITIALS:** \_\_\_\_\_

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Risk and Waiver of Liability Relating to Coronavirus/COVID-19  
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The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

AFMAA has put in place preventative measures to reduce the spread of COVID-19; however, the Center cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Center could increase your risk and your child(ren)'s risk of contracting COVID-19.

By attending the AFMAA for any reason and/or signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the AFMAA and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the AFMAA, may result from the actions, omissions, or negligence of myself and others, including, but not limited to, AFMAA employees, volunteers, and program participants and their families.

On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the AFMAA, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Center, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any AFMAA program.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the AFMAA or participation in AFMAA programming ("Claims"). I understand and agree that this release is in addition to the waivers and consents that I have already agreed to or signed.

**INITIALS:** \_\_\_\_\_