

B.J.J.A.GB. MEMBER REGISTRATION / INJURY WAIVER FORM

PLEASE PRINT CLEARLY SIGN and DATE IN THE PRESENCE OF YOUR INSTRUCTOR WHO MUST ALSO SIGN

I, _____, being of sound mind and body acknowledge that I am enrolling in a martial arts club. I affirm that I am in good mental and physical condition and do not suffer from any disability that would significantly prevent or limit my participation in any classes, competition, championships and all other Ju Jitsu related activities taken as a British Ju Jitsu Association GB Member in a way that would endanger the safety of myself or other members.

I understand and am fully aware of the fact I will be involved in a CONTACT SPORT involving hitting, throwing, grappling, joint manipulation and limb extension, choking and submission holds I understand that these above mentioned acts can and probably will cause me bodily harm.

In the event I am injured or suffer any short-term or long-term physical harm, I release The British Ju Jitsu Association GB, its organisers, promoters, instructors, and participants from any and all liabilities now or in the future including but not limited to medical, hospital, paramedic or ambulatory care.

I release British Ju Jitsu Association GB, its organisers, promoters, instructors, and members from liability for any and all injuries sustained now or in the future, including, but not limited to pulls or tears (muscles, ligaments or tendons), muscle strains, broken bones, impalements, joint dislocations, hyperextensions of bones and joints, defenestration, decapitation, ankle, knee, hip, lower back, shoulder, elbow, wrist, finger or toe injuries, partial or total dismemberment, heart attacks, strokes, epilepsy attacks, loss of vision, concussion, fatalities, dental trauma, amnesia, death, emotional scarring, or any other injury or illness however caused, occurring during or after my participation in any class, course or competition taken at the membership classes of the British Ju Jitsu Association GB or at any British Ju Jitsu Association GB national championships or Competitions or Related events.

All students are required to be fully paid up members of the BJJAGB

I hereby affirm that I have read fully, understand and agree with the above statements.

Signature: _____ Date: _____

Contact Information:

Name: _____ DOB: _____
Male _____ Female _____

Address: _____

Phone: (Home) _____ (Mobile) _____

Email Address: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____

Phone: (Home) _____ (Mobile) _____

Previous Martial Arts Experience:

None _____ Other Style: _____

How many years? _____ Rank/Grade Achieved: _____

British Ju Jitsu Association GB Membership Number _____

Association to which you belong _____

Instructors Name _____ Signature _____



BJJAGB
Taking the right stance