



CapoeiraDC

REGISTRATION FORM, LIABILITY WAIVER AND RELEASE

This form is used as a liability waiver and to collect general and medical information. Once you have read and signed this form, your signature below will indicate that you agree to all terms stated herein.

STUDENT REGISTRATION

Please fill out this form completely. This information is confidential to CapoeiraDC and will not be exchanged with anyone outside of the school for any reason without your permission. We use this information to contact you for school events, performances, and other functions.

How did you hear about the Academy? _____

Capoeira Name: _____

Full Name: _____ Sex: M or F Date of Birth: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone: Day: _____ Eve: _____

Email: _____ Do you want to be added to our listserv? **Yes** or **No** (circle)

LIABILITY WAIVER AND RELEASE

CapoeiraDC, Washington, D.C., is committed to providing a fun, energetic, and safe environment to study Capoeira. However, each participant in Capoeira must realize that the study and practice of Capoeira, as with most athletic activities, involves a certain amount of strain and risk of physical injury. It is the participant's responsibility to provide his or her own accident and/or health insurance.

1. In consideration of the acceptance and by signing this Release for myself (or for the participant who is under 18), I agree to RELEASE, HOLD HARMLESS, AND INDEMNIFY CapoeiraDC, their respective Mestre, officers and members, building landlord, and any other parties connected with them, for any injury, loss or damage suffered as a result of participation in any activity associated with it, including injury, loss, or damage caused by the NEGLIGENCE of any party or otherwise.
2. I understand that there are certain risks associated with learning martial arts, including the risk of serious personal injury or death, and I expressly agree to assume these risks. I warrant that I am (or the participant under 18 for whom I am signing is) in proper physical condition to participate in this event.
3. I understand that this Release is also binding on my heirs and representatives. If I am signing on behalf of a minor, I accept full responsibility for all medical expenses incurred as a result of the minor's participation. I agree to HOLD HARMLESS and INDEMNIFY the entities named above for any claims brought on behalf of the minor.

By signing this document, the participant accepts the terms and conditions listed above and certifies that all information is accurate. If the participant is under 18, the permission of a parent or guardian is required.

Signature _____ Date _____

Printed Name of Parent or Guardian: _____

Parent or Guardian Signature _____ Date _____

(Continue on next page)



MEDICAL HISTORY, LIABILITY WAIVER, and RELEASE

In order for the class instructor or participants to assist you in an emergency, especially if you become unable to communicate, we request certain medical information. Completion of this part of the form is entirely voluntary and we request this information only so that we may best assist you. This information will only be reviewed by the school's instructors and medical personnel and will be shared only on a need-to-know basis (i.e., ambulance/hospital workers, school participants assisting in an emergency, etc.)

Medical History

a. Do you have a past or current history of any of the following?

- Allergic Reactions – Severe (i.e., throat closing, lips swelling, wheezing, shock)
 Asthma
 Bleeding Disorder (egg, hemophilia)
 Diabetes
 Fracture or Dislocation
 Heart Disease
 Seizure Disorder
 Other _____

b. If so, what medications do you take to treat these problems? _____

c. Do you carry these medications with you? Y or N

d. Additional Comments: _____

Insurance Policy

What is the name of name of your Health Care Insurer, Policy number and their Acute/Urgent Care telephone number (i.e., Kaiser Permanente, #1234567. _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone: Day: _____ Eve: _____ Cell/Pager: _____

Name: _____ Relationship: _____

Phone: Day: _____ Eve: _____ Cell/Pager: _____

Medical Liability Waiver and Release

Some members of the group are health/medical professionals. Any assistance that one of these professionals may offer or Not offer to you or your minor child in the case of an emergency, whether you are able to consent or are unable to consent, consists of a "Good Samaritan" action, like that provided by any other class instructor or participant. You hereby RELEASE and HOLD HARMLESS for any injury, loss, or damage suffered as a result of medical assistance they may provide or may NOT provide, or caused by the NEGLIGENCE of any party or otherwise.

Printed Name: _____ Date: _____

Signature: _____