



Healy's Integrated self-defense Academy ( Healy's Health ABN 50-7110604-560) operates under a license agreement with Yun Jung Do but as a distinct separate business entity

## Member Application Participation Authority, Waiver and Irrevocable Undertaking

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**If the Applicant is a minor:**

Parent or Guardian Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

**HEALTH DECLARATION – please answer the following questions**

Do you take any prescribed medication which may impair reaction time or judgment?

YES

If yes, what medication

NO

Have you suffered any illnesses or injuries that may affect participation in any activities?

YES

If yes, give details:

NO

Do you suffer from

(a) Asthma

YES

NO

(b) Epilepsy

YES

NO

(c) Diabetes

YES

NO

(d) Allergic reactions

YES

NO

(e) Any disability

YES

NO

**If "YES" to any of the above please give details.**

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

**EMERGENCY CONTACT**

Name:

Home Phone:  Mobile:  Work:

Email Address:

Relationship:

**MARTIAL ARTS HISTORY**

Have you studied martial arts before YES NO If yes please state particulars of:

Style:  Grade Achieved:  Number of years studied:

**EXCLUSION OF APPLICANT**

Have you ever been excluded from Martial Arts in the past by a medical practitioner or any other person or entity or a Martial Arts Club?

YES

If yes, give details:

NO

## **WAIVER AND INDEMNITY**

In all other cases and except where inconsistent with the above, the Applicant for him/herself, his/her executors, administrators, dependents and other personal representatives, hereby absolves and indemnifies the providers and all their servants, agents, employees and other students or persons under the providers control (the "indemnified") from all liability whatsoever and howsoever arising for injury or damage (including but not limited to the Applicants' person, property and personal belongings) however caused, including by but not limited to the negligence of the indemnified, arising out of or participating in martial arts training or in connection with martial arts training or in any way caused by, or arising out of, any activity carried on by the indemnified.

I, the Applicant (Parent/Guardian), have been advised and understand that the practice of martial arts is potentially dangerous, and I agree to occupy and use the premises provided by Healy's Health T/A Healy's Integrated self-defense Academy (ABN: 50 711 604 560) at my own risk and hereby and irrevocably release and indemnify to the fullest extent permitted by law Healy's Health T/A Healy's Integrated self-defense Academy (ABN: 50 711 604 560), and its instructors, agents, servants, contractors and employees from all claims and demands of every kind in of or resulting from any accident or damage to property or injury to myself while undertaking training in martial arts with Healy's Integrated self-defense Academy (ABN: 50 711 604 560) .

## **ACTIVITY DONE AT OWN RISK**

Any person training in martial arts or in activities connected to martial arts or participating in any activity carried on by Healy's Health T/A Healy's Integrated self-defense Academy (ABN: 50 711 604 560) are only allowed to do so on the explicit understanding that they do so entirely at their own risk and fully and irrevocably undertake to do so at their own risk.

## **FEES**

I the Applicant/Parent/Guardian, accept and acknowledge that in providing me the service and teachings of martial arts Healy's Health T/A Healy's Integrated self-defense Academy (ABN: 50 711 604 560) will incur costs and expenses therefore, I hereby acknowledge, acknowledge, consent to and irrevocably undertake to pay all fees and charges as asked for and in a timely manner to and as designated by Healy's Health T/A Healy's Integrated self-defense Academy (ABN: 50 711 604 560) it's staff, agents or assigns, and I hereby acknowledge that non-payment of these fees may lead to my membership and privileges therein being revoked and cancelled and any outstanding moneys owed to may be recovered using whatever means are necessary and all the costs of recovering any moneys owed will be at my cost and expense.

## **PARENT/GUARDIAN'S CONSENT: (for all persons under 18 years)**

I hereby certify and decree that all the information contained in the declarations above are true and correct and in the event of accident or illness, I authorize Healy's Health T/A Healy's Integrated self-defense Academy (ABN: 50 711 604 560) staff, agents and assigns to provide First Aid and any care they see fit to help the participant if required. I, the Applicant have read, or have had read to me the above conditions and having understood the same, I consent to the activities proposed.

**(Please circle)**                      YES    NO

Signed: Applicant/Parent/Guardian: \_\_\_\_\_ Date\_\_\_\_\_

Name of Applicant/Parent/Guardian \_\_\_\_\_ Date\_\_\_\_\_