



**The Krav Academy Health ParQ and Informed Consent/Liability Form**

**Participant Details**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Tel (Home/Mobile): \_\_\_\_\_ email: \_\_\_\_\_

**Who to contact in an Emergency**

Name: \_\_\_\_\_ Contact Details: \_\_\_\_\_ Relationship: \_\_\_\_\_

**About you and Krav Maga**

Where did you hear about us: \_\_\_\_\_

Have you partaken in any martial arts or self defence instruction before? Yes  No

If yes please state level & discipline: \_\_\_\_\_

**Please answer the following questions and sign below:**

**Yes**      **No**

Has a doctor ever said you have heart trouble?

Do you suffer with chest pains when exercising with mild exertion?

Do you suffer from dizziness or fainting?

Has a doctor ever said your blood pressure is too high?

Has a doctor ever said you have a joint problem that may be aggravated/made worse by physical exercise?

Have you been in hospital during the last 3 years?

Are you currently taking any medication?

Is there a possibility you are pregnant or have you recently given birth?

Do you suffer from Asthma or breathing difficulties?

Do you suffer from Diabetes or Epilepsy?

Do you suffer from any allergies?

If yes (above), what medication do you take? \_\_\_\_\_

Is there any reason not mentioned above why you should **not** partake in a physical activity which will involve contact and impact?(please give details) \_\_\_\_\_

Have you **ever** been convicted or are awaiting trial for an offence involving any kind of bodily harm?

**If you have answered 'yes' to any of the above questions please elaborate on the rear of this form.**

I understand that I am taking part in an activity that *may* cause injury, involve contact and is highly physical in nature. If I have answered 'yes' to any of the above questions I will inform the Instructor before taking part in any courses or classes.

I am signing to say that I have answered these questions honestly and to the best of my knowledge.

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

**Print Name:** \_\_\_\_\_

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

**Instructor Signature:** \_\_\_\_\_