



## **IJJF STUDENT ENROLMENT FORM**

I \_\_\_\_\_ do hereby agree to join the International Jui-Jitsu Foundation. I agree to abide by the rules and regulations of the International Jui-Jitsu Foundation. In the event of my resignation, I will inform my instructor two-weeks prior to leaving. I agree to disclose any known medical conditions that may adversely affect my training. To my knowledge there is no reason why I am unable to participate in training.

**Surname:** \_\_\_\_\_ **Given names:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Phone Number:** (M) \_\_\_\_\_

**(Email):** \_\_\_\_\_

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

**Occupation:** \_\_\_\_\_

I \_\_\_\_\_ am aware that this training is at times full contact and can include the use of real weapons. - **Martial Arts can be dangerous**- It has been explained to me and I understand that training and participating in martial arts can be dangerous and that I must at all times abide by the rules of the International Jui- Jitsu Foundation (IJJF) and obtain clarification before proceeding if those rules or that instruction are not understood. Further, I understand and agree that my participation is entirely at my own risk.

I and any other person in relation to myself hereby absolves, indemnifies and holds harmless the providers, including others receiving instruction from all liability howsoever arising for injury, loss or damage (including but not limited to my person, property and personal belongings) however caused, including by the negligence of the indemnified, arising out of or in connection with the provision of instruction or related services or in any way caused by, or arising out of any activity carried on by the providers.

### **Photography and media:**

I understand and acknowledge that at times filming, video or photographs may be taken of me during classes/training. Additionally, in signing this waiver I give the International Jui-Jitsu Foundation (IJJF) my permission to use any photos or videos taken during class and other activities for (IJJF) marketing purposes including but not limited to internet, print or social media. Please ask your instructor if there is a particular image or footage that you are not comfortable with and request it not be used.

I have carefully read and understand the above information and have not been coerced or pressured into signing this membership form.

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

**IJJF Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_  
(If under 18)

**Member Referee:** \_\_\_\_\_