



# Gracie Jiu Jitsu Hilton Head Guest Waiver

Please print clearly

First Name	Last Name	DOB	
Mailing Address	City	State	ZIP Code
Home Phone	Cellphone	Email Address	

Parent Name (if under 18): \_\_\_\_\_

1.) What day(s) I plan on attending? \_\_\_\_\_

2.) What benefits do I expect from martial arts training?  
\_\_\_\_\_

3.) Do you participate in other physical activity? If so, what type?  
\_\_\_\_\_

4.) Do you have previous martial arts experience? If so, what type?  
\_\_\_\_\_

5.) Do you have any medical conditions or previous injuries? If so, what type?  
\_\_\_\_\_

6.) How did you hear about us?  Friend  Yellow Pages  Sign  
 Website  Flyer  Other

## Waiver

The undersigned acknowledges the existence of certain inherent risks in this type of training and use of equipment, and hereby agrees to assume all risks himself/herself. He/she further relieves Gracie Jiu Jitsu Hilton Head LLC, its leaser, its owners, its management, assigned instructor, and his/her fellow students from any liability resulting from personal injury and/or loss of personal property. The student also agrees to abide by all the rules and regulations the school has set forth.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**