



The Mecca Center, 16W560 91st St, Willowbrook, IL 60527, USA Tel: +(630) 241-2000
www.meccacenter.org

Assumption of Risk and Injury Waiver – Self Defense

Name: (First) _____ (Last)

Birthdate: (month/day/ year) _____ Male/Female Main
Phone _____

Parents name: (Mother) _____ (Father)

Contact Number: (Mother) _____ (Father)

Emergency Contact after Parent: _____ Ph _____
Relationship _____

Child's Physician Name: _____ Physician Phone #

Insurance Company: _____ Policy/Group
#: _____

Primary holder: _____ Primary DOB:

OTHER MEDICAL CONDITIONS we should be aware
of _____

Participants in this activity may suffer injuries, possibly minor, serious, catastrophic injury, paralysis, or even death. Any sport can be dangerous and lead to injury. I, my executors, or other representatives, waive and release all rights and claims for injuries or damages that my child or I may have against Uzma Shariff and any other instructor, The Mecca Center and/or its representatives whether paid or volunteer. I give consent to the instructor to call an ambulance for the participant should the instructor deem this to be necessary. The Mecca Center and Uzma Shariff, the instructor, and other staff members or instructors, are not responsible for injuries sustained by any participant during the course of the self-defense training. I also affirm that the above health coverage is current and will remain in place for the duration of this activity. This health insurance provides proper hospitalization, health, and accident insurance coverage, which I consider adequate for both my child's protection and my own protection.



I agree to release and hold forever harmless, The Mecca Center, the instructor(s), students and all other participants of this activity, from any and all claims, damages, or liability of any sort, which I or co-signers (if any) may have or ever have in the future because of an injury or other damage I may receive as a result of being a student, participant or spectator in the practice of this sport. I recognize that the practice of sports may be potentially hazardous and acknowledge that I have been advised by the instructor(s) of the risks of injury and danger incident to instruction of this sport. Co-signors (if any) and I hereby voluntarily agree to assume the results and consequences of those risks.

I represent and certify that I have the permission of my parents and/or guardians to participate in the stated activities, and that they have full knowledge thereof. I also represent that, to the best of my knowledge, I am physically able to commence instruction and I have the responsibility to make the instructor aware of any disability or illness that would impact my health or safety or the healthy and safety of other persons present.

I AND MY CO-SIGNERS (IF ANY) HAVE READ AND UNDERSTAND THE ASSUMPTION OF RISK AND INJURY WAIVER AND INTEND TO BE LEGALLY BOUND BY THIS AGREEMENT.

Student Name: _____ Student Signature:

Parent/Guardian Printed Name: _____

Date: _____

Parent/Guardian Signature:

_____ Date: _____