

Inner Circle Academy Interim Agreement

Irrespective of why you are here, before you go on the mat (participate), you need to read, understand, complete and sign this Agreement. If you don't want to do that, then you can not go on the mat. Even if you just want to watch, you are still required to complete this form.

Initial Participation Details: Why are you here? Tick as many as applicable & if Other, please describe.	First Night	<input type="checkbox"/>	Free Trial	<input type="checkbox"/>
	Friend's Pass	<input type="checkbox"/>	Self Defence Course	<input type="checkbox"/>
	Healthy & Active Free Go	<input type="checkbox"/>	Guest Instructor	<input type="checkbox"/>
	Other			<input type="checkbox"/>

This is not a membership form. You are not a member until you have completed the [Membership Application](#) & the [Membership Agreement](#). This Interim Agreement remains in effect until you are a member. You are not covered by Player to Player Insurance until you have completed the forms PLUS the [AJJA Membership Application](#) for AND paid your [Membership Fees](#). This club holds appropriate insurance. The Academy has an excellent safety record. A Certificate of Currency is available to view upon request. "Participation" includes Martial Arts. There is no obligation for you to continue after your Initial Participation

About You: You must be 18 or older to complete this form. Incomplete forms will not be accepted. All 18 & overs must complete

First Name	Last Name	
Street No. Street	Suburb	Post Code
Home Phone	Work Phone	Mobile
Date of Birth	Email	
Are you Participating? Please tick one. You can change your mind later Yes <input type="checkbox"/> No <input type="checkbox"/>		

About your Dependants: List here the people under 18 that you are guardian for & participating in any way.

First Name	Last Name	Age
First Name	Last Name	Age
First Name	Last Name	Age
First Name	Last Name	Age

Declaration- In this section you must describe any issues relating to yourself or any of your participating dependants listed.

Are there any psychological impairments, allergies, injuries or medical condition that currently affect participants?
 Are participants prescribed drugs which may impair reaction time or judgment?
 Have participants suffered any incapacity requiring medical attention in the past 12 months?
 Are you aware of any health problem that participants have that, in the interests of the participant's safety, the Academy should be advised of?
 Have participants ever been excluded from Martial Arts in the past by a medical practitioner or any other person or entity club, school or system?
 Is there any activity in which the participant should not participate?
 Are there any special custody arrangements that may exist that may affect the operations of the Academy?
 Warning. If you leave this section blank, it will be assumed that the for the above Declaration all questions are answered NO for all participants or any and all participants not specified. If any answers are YES for any participant, please write any details on the back of this form.

Did you answer YES to any of the above questions and did you detail those issues on the back of this form? Yes No

Terms & Conditions and Declaration of Understanding

I have read and understood the terms of the Interim Agreement or if I did not understand the terms of the Interim Agreement, I requested an independent person to explain them to me to my satisfaction.

I understand that Martial Arts may be dangerous and may cause pain, discomfort or injury or may exacerbate or reactivate previous conditions of injuries.

The information provided by me above is true, accurate and complete.

I agree that the Code of Conduct of the Academy applies to me and my Participating Dependants and that I/We will abide by all safety instructions.

I agree to abide by all Federal and State Health Directives and restrictions as instructed by the Academy &/or the Venue operator.

I agree that all participating dependants are subject to this agreement.

I hereby certify and decree that all the information contained in the Declarations above is true and accurate and complete.

PRINT NAME (Guardian / Participant)

SIGN (Guardian / Participant)

PRINT NAME (Witness)

SIGN (Witness)

Date