



# NEW CREATION JIU JITSU

## MEDICAL, LIABILITY RELEASE AND WAIVER FORM

*“Therefore, if anyone is in Christ, he is a new creation; old things have passed away; behold, all things have become new.”*  
**2 Corinthians 5:17 (NKJV)**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Legal Guardian Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

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

Additional Emergency Contact(s):

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

***If your child should require medical attention for medical conditions or injuries or illnesses received prior to participation in New Creation Jiu Jitsu (NCJJ) activities, please inform NCJJ leaders how they can help accommodate proper medical service during the event/activity. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the event/activity.***

Family Doctor/Medical Provider: \_\_\_\_\_

Phone: \_\_\_\_\_ Do you have health Insurance? Yes No

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Authorization Phone Number (if required for treatment): \_\_\_\_\_

### Allergy & Health History: (Check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Drugs           | <input type="checkbox"/> Diabetes          | <input type="checkbox"/> Heart Condition           |
| <input type="checkbox"/> Hay-fever       | <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Epilepsy/Nervous Disorder |
| <input type="checkbox"/> Other Allergies | <input type="checkbox"/> Chronic Asthma    | <input type="checkbox"/> Frequent Stomach Upset    |
| <input type="checkbox"/> Insect Stings   | <input type="checkbox"/> Frequent Colds    | <input type="checkbox"/> Ongoing Medications       |
| <input type="checkbox"/> Other: _____    |  |  |

If any of the above are checked, please give details (i.e. include normal treatment of allergic reactions, types of allergies, names & dosage of any medication, etc.) \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Any Activity Restrictions? Yes No

If Yes, please describe in detail: \_\_\_\_\_

I, the parent/legal guardian of (print child name) \_\_\_\_\_ give permission for my child to participate in the New Creation Jiu Jitsu program, its activities and events. I recognize that New Creation Jiu Jitsu, a non-profit organization, and that all coaches, leaders and helpers are volunteer workers and will not be held accountable for any liability or expense of any kind on my or my child's behalf. I also understand that New Creation Jiu Jitsu is using the facilities of Made In Hope on the NUA Family Limited Partnership properties and these will not be held accountable or responsible for any liability or expense of any kind on my or my child's behalf.

**SAFETY & HEALTH AGREEMENT:** I acknowledge that Jiu Jitsu is a contact sport and involves the risk of accident or injury. New Creation Jiu Jitsu does not guarantee safety. I agree to ensure that my child is wearing and bringing the appropriate required attire, gear and equipment to all New Creation Jiu Jitsu activities and events. It is my child's responsibility to follow and practice all safety rules (both written and expressed), methods and techniques properly, and the New Creation Jiu Jitsu Code of Conduct that are in place for the health and safety of all participants. If my child is needing required medical attention for existing conditions or injuries or illnesses contracted prior to their participation in New Creation Jiu Jitsu, I acknowledge that it is my responsibility to provide New Creation Jiu Jitsu and its leaders with all required information, training, and equipment necessary to give my child proper medical service during the event/activity. I acknowledge that all New Creation Jiu Jitsu leaders are volunteers who are NOT medically trained professionals and are limited in their knowledge, understanding and ability to administer medical care. New Creation Jiu Jitsu and its volunteers will not be administering any medications, prescribed or otherwise, to my child and it is my responsibility to administer medication. I agree that it is my and my child's responsibility to keep New Creation Jiu Jitsu and its leaders updated on my child's health and any changes that may occur that affect my child's participation, performance, health and safety. I will take all precautions to protect the health and safety of my child and all NCJJ participants by having my child refrain from participating in New Creation Jiu Jitsu activities/events if my child is injured, sick, or has any contagious illnesses or rashes.

\_\_\_\_\_ **Parent/Legal Guardian Initial**

**MEDICAL RELEASE:** I acknowledge and agree that participation in the New Creation Jiu Jitsu program, its activities and events subjects my child to the possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, in my own behalf and on behalf of my child, acknowledge that my child is assuming the risk of such illness or injury by participating in the New Creation Jiu Jitsu program, its activities and events. In the event of such illness or injury, I authorize New Creation Jiu Jitsu and its leaders and volunteers to obtain necessary medical treatment for my child and hereby, in my own behalf and on behalf of my child, release and hold harmless New Creation Jiu Jitsu and its leaders, in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of my child for any illness or injury that my child may sustain during the activity/event and while traveling to and from the site for the event whether or not the event actually occurs. In the event I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by New Creation Jiu Jitsu

(NCJJ) and its leaders and volunteers to hospitalize, secure proper medical and/or dental treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

\_\_\_\_\_ **Parent/Legal Guardian Initial**

**LIABILITY RELEASE:** No recreational activities are without the possibility of unforeseen hazards. Certain activities have the inherent possibility for risk. Therefore, we want to alert parents, guardians and individuals to them. It is impossible to list all such risks. Personal injury and property damage may result from participating in and transporting to and from the New Creation Jiu Jitsu (NCJJ) activities and/or events which may include strenuous, competitive games, soccer, football, basketball, broom hockey, surfing, snorkeling, hiking, boating, biking, rappelling, night games, volleyball, roller-skating/blading, skate boarding, swimming, other water sports and related sports and activities which we allow. Injury and property damage may also result from activities which we do not allow thereby violating our standing common sense rules. It is also acknowledged that if my child has to return home early for discipline violations it will be at the parent/legal guardian's expense. The intent of this Liability Release is to prevent New Creation Jiu Jitsu and its leaders and landlords of activity/event locations from being held liable for injuries to person or property when attendees of our activities/events are injured as a result of an activity which we do or do not allow. By signing this form, the parent, guardian or individual agrees to assume and accept all risks and hazards. The signer also agrees not to hold New Creation Jiu Jitsu, employees, leaders, volunteer workers, or landlords of activity/event locations liable for damages, losses or injuries to the person(s) or property including results from active or passive negligence or other wrongful conduct on the part of New Creation Jiu Jitsu, employees, leaders, or volunteer workers. The signer understands that he/she is signing for the minor listed on this form and that they further understand that signing this liability release constitutes a full and complete release from liability insofar as New Creation Jiu Jitsu is concerned and an agreement to hold organization and employees, leaders, and volunteer workers harmless and relieved of any responsibility for any injury or damage to you or your child.

\_\_\_\_\_ **Parent/Legal Guardian Initial**

**PHOTOGRAPHY WAIVER:** I hereby irrevocably consent to and authorize the reproduction, publication and any other use by New Creation Jiu Jitsu, its licensees and assigns, of the photographs taken on of myself and/or the minor child or children listed on this form, and our names and likenesses, for use in whole or part or in conjunction with other photographs/audio/video, or any medium and for any lawful purpose, including illustration, promotion, advertising, or web content as well as other publications.

I hereby release and hold harmless New Creation Jiu Jitsu from any reasonable expectation of privacy or confidentiality for myself and for the minor child/children listed below associated with the images specified above. I assign to New Creation Jiu Jitsu any and all rights of ownership to the photographs, the transparencies or digital files thereof, and agree that New Creation Jiu Jitsu has full right of lawful disposition in any manner.

I further acknowledge that participation is voluntary and that neither I, the minor child/children will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in marketing materials or other publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I waive any rights that I and the child/children listed have to notice, inspection, or approval of any use of the photographs which New Creation Jiu Jitsu may make or authorize. I hereby release New Creation Jiu Jitsu, its contractors, its employees and any third parties involved in the creation, altering, processing or publication of publications, from liability for any claims by

me or any third party in connection with my participation or the participation of the minor child/ children. I attest that I am the parent or legal guardian of the child or children listed and that I have full authority to consent and authorize New Creation Jiu Jitsu to use their likenesses and names.

\_\_\_\_\_ **Parent/Legal Guardian Initial**

The authority hereby given on this form shall remain in effect unless it is withdrawn in writing.

I attest that I am the parent or legal guardian of  
(print child's name). \_\_\_\_\_

and that I have full legal authority to consent, authorize and release New Creation Jiu Jitsu and its volunteers to the agreements as specified above. I have read and agree to the New Creation Jiu Jitsu (NCJJ) Medical, Liability Release and Waiver Form in its entirety.

I grant permission for my child to attend the New Creation Jiu Jitsu program and events on an ongoing basis with adult leaders and youth. I expect and hold my child to be responsible for his/her own actions during the activities/events and travel to and from it, and to be a cooperative member of the group so that the activity/event can be a wholesome means of fellowship. I have read the statement of responsibility below and have talked or will talk with my child about it before the activities/events. The church and adult leaders are held with no liability for unwise actions on my child's part.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Printed Name:** \_\_\_\_\_

**To Be Filled Out By Youth:**

I, \_\_\_\_\_, am planning to attend the New Creation Jiu Jitsu program and events on an ongoing basis with adult leaders and other youth. I agree to follow all rules (both written and spoken), be responsible for my behavior, to respect the health and safety of others and myself, to relate to others and to use property and equipment in appropriate ways. I also understand that no drinking of alcohol, smoking, sexual conduct or use of drugs is permitted or tolerated during my participation in the NCJJ program and events. I agree that a violation of any of these will result in my immediate return home at my own or my parent's expense.

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

**Student Printed Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_