



Purple Dragon Karate Jiu Jitsu International®

Medical History

To be filled out by the Applicant's Physician.

I hereby declare that: _____

(Applicant's name) is in good health, and is fit enough to take part in rigorous physical activities such as Martial and Fitness drills over a three-day period.

Physician's Name (Print): _____

Date _____

Physician's Signature: _____

I _____ affirm that I am physically and mentally able to enter into the Black Belt Grading, and do so at my own risk and of my own accord, after being trained for several years in preparation for this activity. In the event of any medical emergency in which I am involved, I will not hold Purple Dragon nor any of the examiners legally responsible.

DO YOU HAVE ANY ON-GOING MEDICAL CONDITION AND/OR MEDICATIONS? (ATTACH ADDITIONAL PAGES AS NEEDED).

YES NO

DIAGNOSIS & TREATMENT: _____

ANY FOOD OR OTHER ALLERGIES? IF YES, PLEASE NAME AND DESCRIBE

YES _____

NO

INSECT ALLEGY? YES _____

NO

PARTICIPANT’S AUTHORIZATION AND RELEASE

I authorize Purple Dragon Don Jitsu Ryu® Grading Board to seek and obtain Emergency medical services only that may be required on my behalf (or on the behalf of my child or Ward), as may be necessary from a healthcare professional or facility. I am assuming all the risks of travel to take part in this grading event, and the associated risks of participation in the martial arts grading, and will take due care during my participation.

I hereby release and discharge, indemnify and hold harmless Purple Dragon Don Jitsu Ryu® organization, its governing board, officers, employees, agents, or any other persons or entities acting on its behalf against all claims, demands and causes of action whatsoever, either in law or equity, relating to the diagnosis and/or treatment provided or discovered by my participation in the Purple Dragon Don Jitsu Ryu® Black Belt Grading. I understand and agree that I am solely responsible for any costs of medical care provided while participating in the grading.

Notwithstanding the foregoing, I represent and warrant that I am in good health, and affirm that my desire to participate in the Purple Dragon Don Jitsu Ryu® Black Belt grading as described.

BY SIGNING BELOW, I CERTIFY THAT THE INFORMATION IS TRUE AND CORRECT. FURTHER, I AGREE TO BE BOUND BY THE TERMS AND CONDITIONS OF THE AUTHORIZATION AND RELEASE.

Signature if 18 years and over: _____

Print Name: _____

Date: _____

Parent or Guardian Signature if under 18 years of age:

Signature _____

Print Name _____

Date: _____