Visitor, Drop-In, and Open Mat Waiver and Release

For guests who train for a day, visit an open mat, or drop in from another academy without a membership.

Important notice: This is a free sample safety document. It is a starting point, not a finished policy, and it is not a legal document or legal advice. Laws differ by location. Have a qualified attorney review and adapt it for your academy before use. Academy Safe is not responsible for errors or missing information in this document, or for how it is used. In an emergency, call 911.

Academy name: _____

Academy address: _____

Effective date: _____

Last reviewed: _____

Important: Waiver laws differ a great deal by state and province. Some places limit waivers or do not enforce them, especially waivers signed for minors. This sample must be reviewed and adapted by your own attorney before use.

Visitor name: _____

Date of birth: _____

Phone: _____

Email: _____

Home academy (if any): _____

Belt rank: _____

Date of visit: _____

Assumption of Risk

- Martial arts training involves physical contact, falls, throws, strikes, joint locks, and chokes.
- Injuries can include bruises, sprains, broken bones, concussions, skin infections, and in rare cases serious or permanent injury.
- Risk can come from my own actions, other participants, equipment, or the facility.

Visitor Agreement

- I am participating voluntarily and I am physically able to train.
- I will follow the academy's rules and the instructor's directions.
- I will tell the instructor about any injury or health condition before training.
- I do not have any skin infection or contagious condition.
- I agree to the academy's photo and video policy, or I will tell staff if I do not want to appear in photos.

Release

To the extent allowed by law, I release [Academy name], its owners, instructors, staff, and volunteers from claims for injury or loss arising from my participation, except as caused by gross negligence or intentional misconduct. [Attorney to adapt to local law.]

Medical Care

I authorize the academy to call emergency services and give first aid if needed. I am responsible for any medical costs.

Emergency contact name: _____

Emergency contact phone: _____

Visitors under 18 must also have a parent or guardian sign the Parent or Guardian Waiver for Minor Students.

Signatures

Visitor name: _____

Signature: _____

Date: _____

Notice

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Academy Safe is a verification registry for martial arts academies. It is not a legal authority, and use of this template does not by itself mean an academy is accredited.