CORNERSTONE UNLIMITED MARTIAL ARTS
2026

FORM REQUIRED FOR EACH INDIVIDUAL STUDENT

First Name	Middle Name	Last Name
Date of Birth	Gender	Parent / Guardian Name
Insurance Company		
Policy #		
Name of Policy Holder		

WAIVER & RELEASE OF LIABILITY, ASSUMPTION OF RISK, PARENTAL CONSENT (AS APPLICABLE) & INDEMNITY AGREEMENT

I understand the nature of Martial Arts activities and acknowledge my/the minor's experience and capabilities and believe I/the minor am/is qualified to participate in such Activity. I further acknowledge that I am aware that Activity will be conducted in facilities open to the public during the Activity. I further agree and warrant that if, at any time, I believe conditions to be unsafe, I/or the minor will immediately discontinue further participation in the Activity.

I/THE MINOR FULLY UNDERSTAND that: (a) Martial Arts Activities involve risks and dangers of serious bodily injury ('Risks"); (b) these Risks and dangers may be caused by my own action or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place or the NEGLIGENCE of the "releases" named below; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time. I/THE MINOR fully accept and assume all such risks and all responsibility for losses, costs, and damages incurred as a result of my participation in the Activity or from use of knowledge gained from this training. I/THE MINOR hereby release, discharge, covenant not to use, and agree to hold harmless Cornerstone Unlimited Martial Arts, Meetingpointe Event Halls, or other facility where the Activity may take place and/or proprietorship of any such facility, Cathrine M. Brown, all other instructors, volunteers, spectators and/or students (each considered one of the "Releases" herein) from all liability, claims, demands, losses, or damages on account caused or alleged to be caused in whole or in part by the negligence of the "Release" or otherwise, including negligent rescue operations and further agree that if, despite this release, I or anyone on my/the minor's or anyone on my/the minor's behalf makes a claim against any of the Releases named above, I will indemnify, save and hold harmless each of the releases from any litigation expenses, attorney fees, loss liability, damage or cost that may incur as the result of any such claim. I have read this agreement, fully understand the terms, understand that I/the minor have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by the law and agree that if any portion of this agreement is held to be invalid, that the balance, notwithstanding, shall continue in full force and effect.

This Agreement may not be modified in any manner unless in writing and signed by both Parties. This document and any attachments hereto constitute the entire agreement between the Parties. This Agreement shall be binding upon the Parties, their successors, heirs and assigns and shall be enforced under the laws of the State of Georgia.

List any food and/or environmental allergies:	List any allergies to medication:
Please check any that apply: ❐ Glasses ❐ Contacts ❐ Hearing aids	Please check any that apply: ❐ Diabetes ❐ Seizures ❐ Asthma
Please check if the student carries one of the following: ❐ Epi Pen ❐ Inhaler	List any other medications the student is currently taking:
Please list any major surgeries and/or any major accidents:	List any other pertinent health information:

EMERGENCY MEDICAL AUTHORIZATION

The purpose of this form is to enable parents / guardians and adult students to the authorize the provision of emergency treatment for a student who becomes ill or injured while under the care of Cornerstone Unlimited Martial Arts when the parent / guardian can not be reached immediately, or if the adult student is rendered unable to make decisions. Parent, guardian, or emergency contact will be notified as soon as possible.

Please indicate who you wish to be contacted in the case of a sudden illness or emergency.

PREFERENCE	NAME	RELATIONSHIP TO STUDENT	CONTACT NUMBER

*In the event reasonable attempts to contact me have been unsuccessful, or if, as an adult student, I am unable to make decisions on my own behalf, I hereby give my consent for (1) the administration of any treatment deemed necessary by an EMT on the scene (2) the transfer to any hospital reasonably accessible and/or (3) the administration of any treatment deemed necessary by a licensed physician. **This authorization does not cover major surgery unless the medical opinions of two other licensed physicians concurring in the necessity for such surgery are obtained prior to the performance of such surgery.*

This authorization will be in effect from the date listed below until terminated in writing by the parent, guardian or adult student.

SIGNATURE ACKNOWLEDGES AND AGREES TO ALL FOREGOING

Parent/Guardian Signature:		**Date:**
Adult Student Signature:		**Date:**

ACKNOWLEDGEMENT OF POLICIES
Each line item must be initialed by the Parent/Guardian or the Adult Student.

My initials indicate that:

_____ I have received and READ the *2026 CUMA Handbook,* and that I have taken special consideration of the policies relating to student drop off and pick up, to the waiting area, and to class day requirements.

_____ I have received and READ the *CUMA Health & Safety Policies*, and that I intend to fully abide by these policies.

_____ I have received and READ the *Concussion Information Sheet*.

_____ I have received and READ the *CUMA Financial Policies and Procedures*.

_____ I understand that **ALL martial arts equipment and apparel MUST be purchased from the CUMA Pro Shop** to ensure that the student(s) listed above has the approved equipment and apparel for training. This requirement includes mouth guards and male athletic cups and supporters.

IMAGE USAGE CONSENT
Photos and videos may be taken during classes. Photos and videos may be used for advertising purposes, on our website and on social media sites. When photos or videos of minors are used, names are withheld.

Please note, all precautions will be taken to prevent inappropriate usage of images of our students that are published in a public forum; however, we can not guarantee complete protection due to circumstances beyond our control.

Please indicate your preference (only choose one):

☐ I give my consent for photos and videos of the student listed above to be used by Cornerstone Unlimited Martial Arts both for internal events and for external advertising (including the CUMA website and social media sites).

☐ I give my consent for photos and videos of the students listed above to be used by Cornerstone Unlimited Martial Arts for internal events ONLY.

FAMILY TRANSPORTATION RELEASE FORM
I give my permission for the following people to take responsibility for my child(ren) and to transport them to and/or from Cornerstone Unlimited Martial Arts activities in my absence. I understand that my child(ren) will only be released to those listed herein if I am not present to pick up my child(ren). I further understand that I must take responsibility for updating this list as needed.

Name 1 / Relationship:

Name 2 / Relationship:

IF YOU NEED TO UPDATE YOUR ADDRESS, EMAIL OR CONTACT NUMBERS, PLEASE SEE MASTER BROWN.