



Chouwa No Uchi Dojo
Martial Arts Academy

COVID-19 CONSENT FORM FOR TRAINING AT
CHOUWA NO UCHI DOJO MARTIAL ARTS ACADEMY

I, _____ hereby on this date of
____/____/2020 am choosing to continue my training at KMA Martial Arts. I
understand that there are risks associated with my participation and I fully
accept and release the owner and the staff at Chouwa No Uchi Dojo Martial
Arts Academy from any responsibility related to any likelihood of
contracting COVID-19 during today's visit. I fully confirm that I have not
tested positive for COVID-19 nor do I have any symptoms currently related
to COVID-19. I am also truthfully stating that I have not traveled outside the
US in the last 4 weeks, nor have had any contact with anyone who may
have any symptoms concurrent with COVID-19, including but not limited to
to fever, cough, nausea, diarrhea, vomiting, shortness of breath, etc.

Student Name: _____

Parent Name: _____

Student or Parent Signature: _____