

The Educational Martial Arts System, Inc.  
**Health and Pre-existing Conditions**

*All Dan Test applicants are required to complete this form and submit with testing application.*

\_\_\_\_\_ Submitted with Test Application      \_\_\_\_\_ Additional Submittal

I \_\_\_\_\_ testing for \_\_\_\_\_  
(participant's name) certify that the below conditions are true and list them in an effort to comply with The Educational Martial Arts System, Inc. and the designated rules and requirements governing the test. If I request or require any special accommodations, I will specify them below my listed health conditions.

List any and all health or physical pre-existing conditions present within the last five (5) years:

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List any special accommodations, if needed:

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Recognizing that the strenuous nature of this activity involves risk of injury, I agree to hold The Educational Martial Arts System, Inc. member studio location where this promotion examination is being conducted and The Educational Martial Arts System, Inc., its officers, Founding Master, Grand Masters, Masters, Instructors, testing examiners, guests, and members, free and harmless of any liability or damages for personal injuries sustained during said promotion examination.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Rank

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Rank

\_\_\_\_\_  
Date

Received by TEMAS: \_\_\_\_\_  
Date

\_\_\_\_\_  
By