



Khongsittha Muay Thai
23 Sukhonhasawat Road
Ladphrao, Ladphrao
Bangkok, Thailand 10230

Medical Certificate

For Guests Staying 30 Days or More at Khongsittha Muay Thai

Guest Information:

Guest Name: _____

Passport/ID Number: _____

Date of Birth: _____

Medical Certificate (to be completed by a licensed physician):

I, the undersigned physician, hereby certify that I have examined the above-named individual. Based on my medical evaluation:

- The individual **does not have any known heart conditions** that would restrict participation in strenuous physical exercise.
- The individual is, to the best of my knowledge, fit to engage in **Muay Thai training, fitness classes, and other physical activities** offered at Khongsittha Muay Thai.
- I am not aware of any medical condition that would reasonably place the individual at risk of serious harm from such activities.

Physician's Information:

Physician's Name: _____

Medical License No.: _____

Clinic/Hospital: _____

Date of Examination: _____

Physician's Signature & Stamp: _____



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Waiver Form

(To be Completed for Every Guest)

Guest Acknowledgement & Waiver:

I, the undersigned, acknowledge that Muay Thai training and related activities involve strenuous physical exertion and inherent risks, including but not limited to the risk of injury.

I confirm that I have consulted with my physician, who has certified my fitness to participate. I voluntarily assume all risks associated with participation in training at Khongsittha Muay Thai.

In the event of any injury, accident, illness, or medical emergency, sustained during training at Khongsittha or fights that have been organized by Khongsittha, I agree that Khongsittha Muay Thai, its owners, staff, and affiliates shall not be held liable. I understand and accept that I have no right to pursue any claim, legal action, or lawsuit against Khongsittha Muay Thai in relation to such events.

I also acknowledge and agree that any fees paid for training, accommodation, or services at Khongsittha Muay Thai are **non-refundable** under all circumstances.

Guest Signature: _____

Date: _____