

Agreement and Release of Liability

PARTICIPANT: _____ AGE: _____

CONTACT TELEPHONE: _____ E-MAIL: _____

PHYSICAL HANDICAPS: _____

INSURANCE: _____
COMPANY _____ NUMBER _____

EMERGENCY CONTACT: _____
NAME _____ NUMBER _____

RELATIONSHIP

1. In consideration for receiving permission to participate in martial arts training, I hereby release, waive, covenant, and forever discharge Michael Appel from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in such activity, while in, on, or upon the premises where the activities are being conducted, regardless of whether such loss is caused by the negligence of the releases, or otherwise and regardless of whether such liability arises in tort, contract, strict liability, or otherwise, to the fullest extant allowed by the law (Please initial _____).
2. I understand and am aware that martial arts, including the use of equipment, is a potentially hazardous activity, I also understand that fitness activities involve some risk of injury and even death, and that I voluntarily assume full responsibility for and risks of loss, property damage, or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me participating in these activities, and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death (Please initial _____).
3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment or machinery except as hereinafter stated. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in the activity of martial arts and the use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities (Please initial _____).

IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the Agreement and Release of Liability, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by the same.

PRINTED NAME: _____ DATE SIGNED: _____

SIGNATURE: _____