



Mt. Kim

MARTIAL ARTS

Burke

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LIABILITY WAIVER AND RELEASE

The Student and birthday participants understands and agrees that strict observation of the rules and regulations relative to training, including the use of protective equipment, is required and that the use of facilities and the Student and birthday participant's presence at the School are at the sole risk of the Student. It is understood and agreed by the Student and birthday participants that Martial Arts involves defensive and offensive skills and training which include violent and sudden movements and that in connection with training and instruction sessions, there will be physical contact between instructors and Students and between and among the Student themselves and that such contact may result in personal injury despite the best intentions and following adequate precautions. The Student agrees that and birthday participants and its instructors, agents, employees, operators and authorized representatives, shall not be responsible for and are hereby released from any liability, claim, loss, including loss of property, damage, personal injury, or expense incurred by a student or anyone claiming through a student, or related to any activity connected with the School including, but not limited to, any caused by the negligence or gross negligence of the School or its instructors, Members, agents, employees, operators, or authorized representatives.

DATE: / /

TIME:

I HAVE READ THIS AGREEMENT AND UNDERSTAND THAT ONCE IT IS SIGNED BY ME, IT IS A LEGALLY BINDING AND ENFORCEABLE OBLIGATION AND I AGREE TO COMPLY WITH ALL PROVISIONS, TERMS AND CONDITIONS. I ACKNOWLEDGE I HAVE RECEIVED A COPY OF THIS AGREEMENT.

Guardian Name: _____

Participant Name: _____

Address: _____

City: _____ State: _____ Zip: _____ EMAIL: _____

Phone Number:(_____) _____ - _____ Emergency Number:(_____) _____ - _____

ACCEPTED: THE SCHOOL Signature: _____ Date: __/__/__

ACCEPTED: MEMBER/BUYER Signature: _____ Date: __/__/__