FishHawk Martial Arts Academy Warning, Waiver, Release of Liability, Assumption of Risk and Agreement to Participate

THIS AGREEMENT MUST BE SIGNED BY ALL MEMBERS WHO WISH TO PARTICIPATE IN ANY Fishhawk Martial Arts Academy SANCTIONED EVENT.

In consideration of being allowed to participate in any way in the sanctioned events of FishHawk Martial Arts Academy, I,

Full Name: _____

Phone: (_____)_____-_____ Email: _____

Address: _____

Emergency Contact Name: _____ Phone: (_____)_____-_____

1. Recognize and understand that martial arts training is a physical contact activity and that my participation might result in serious injury, including permanent disability or death, and severe social and economic loss.
2. Recognize and understand that such risk may be due to not only my own actions, but also the action, inaction or negligence of others, the regulations of participation, or the conditions of the premises or of any of the equipment used.
3. Recognize that there may be other risks that are not known to me or to others or not reasonably foreseeable at this time.
4. Agree to inspect the facilities, equipment and pairings prior to participation. I will immediately inform an instructor if I believe that anything is unsafe or beyond my capability and refuse to participate.
5. Assume all of the foregoing risks and accept personal responsibility for any damages that may result from injury, permanent disability or death.
6. Enter martial arts training and/or competition entirely of my own free will and understand the importance of following the rules of training and competition. I have been given a copy of the rules and regulations of FishHawk Martial Arts Academy and agree to abide by the instructions given therein.
7. I certify that I am in good physical condition, and have no disease, injury or other condition that would impair my performance or physical and mental well-being during intense training practice and/or competition.
8. Grant permission in case of injury, incapacitation, no parent or guardian present, to have a doctor, nurse, athletic training or other emergency medical personnel provide me / my child with medical assistance or treatment for such injury.
9. Release, waive, discharge and covenant not to sue, FishHawk Martial Arts Academy, its affiliated organizations and governing bodies, their officers, instructors and personnel, other members of the organizations, participants, supervisors, coaches, sponsoring organizations or their agents, and if applicable, owners and leasers of the premises from any and all liability to the undersigned, his or her heirs and next of kin for any and all claims, demands, losses and damages which may be sustained and suffered on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the realeasees or otherwise.

I HAVE READ THE ABOVE WARNING, WAIVER, RELEASE AND AGREEMENT TO PARTICIPATE. I UNDERSTAND ITS CONTENTS AND DO HEREBY SIGN IT VOLUNTARILY.

_____ _____ _____

Printed Name (Parent or guardian if under 18) | Signature | Date

_____

Name of child if under 18 (ref above)

_____

FishHawk Martial Arts Academy representative / witness

Trial Date: from: _____ to _____

WSD seminar: _____

Tai Chi Class: _____

Birthday party: _____