

Aim and Focus Karate Accident Waiver and Release of Liability Form

Student Name: _____

Parent Name: _____

This document must be submitted by the student or the parent/guardian if the student is a minor. In the case of minors, the waivers and promises made in this document are made on behalf each of the student and the student's parents/guardians, at minimum.

The study of martial arts is a physically demanding exercise in which accidents or injuries are possible during training. This includes such exercise activities as box jumping, dodge ball, exercise drills, etc. I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS ACTIVITY, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that the Student is physically fit, has sufficiently prepared or trained for participation in this activity, and has not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself and the Student, and each of our executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Aim and Focus Karate Inc. and/or its directors, officers, employees, volunteers, representatives, stockholders, owners, subsidiaries, and agents (collectively, the "Released Parties");

- (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the Released Parties from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of the Released Parties or otherwise.

I acknowledge that the Released Parties are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

Aim and Focus Karate does not carry accident medical coverage insurance. It is the sole responsibility of all students to have the proper medical insurance coverage.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

_____	_____	_____	_____
Participant's Signature (Please print legibly.)	Date	Participant's Name	Age

_____	_____
Parent/Guardian Signature	Date
(If under 18 years old, Parent or Guardian must also sign.)	