



(print up to two names/birthdates below for children of the **SAME** parent or legal guardian):

<b>Participant 1:</b> First Name		Last Name		Birthdate	
<b>Participant 2:</b> First Name		Last Name		Birthdate	
<b>Parent/Guardian/Participant (if over 18):</b> First Name			Last Name		Birthdate
Street Address	Apt. #	City	Province	Postal Code	
Cell Phone	Emergency Contact Number			Email	

**Participant Agreement, Release and Assumption of Risk**

**Terms and Conditions**

WAIVER AND RELEASE: I fully recognize the risks of injury inherent in participating in any fitness or martial arts program, and I represent to the Academy that I have taken all reasonable steps to determine, and hereby warrant, that I am in good health and physically capable of participating in the programs and courses of instruction offered by the Academy. I acknowledge that the Academy shall make no, and shall have no responsibility to make any independent evaluation of our physical health or fitness. I understand and agree that all participation in any such fitness program or use of the Academy's facilities or equipment on or off the premises of the Academy shall be at my own risk. I hereby release, indemnify, and hold harmless the Academy and its officers, directors, employees and agents, from and against any and all claims, demands, damages, costs and liabilities of any kind or nature to myself or of any person or persons who become entitled to use the facilities of the Academy by virtue of my membership. I understand and agree that the Academy shall not be responsible for the conduct of other users of the Academy or its facilities or equipment, or participants in the Academy's off-premises programs, or for any injury or damage to property resulting from such conduct, and I shall not bring any action or proceeding against the Academy for any payment compensation or claim for any injury caused by any such user.

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_