

STUDENT ASSUMPTION OF RISK, WAIVER AND RELEASE FORM LakeVille TSD

Student:			Phone:	
Address:				
Age:	Sex:	Height:	Weight:	
Parent or Guardian:			Phone:	
Address (if different))			
		PLEASE REA	D CAREFULLY	
to as "School"), the un	dersigned (hereaf	ter referred to as "Stud	ial Arts classes and activities at La lent") on behalf of him/herself and acknowledges as follows:	•
	ssors' and assigns	•	y restrict or eliminate Student's an claim against School for injuries to	
inherently dangerous a cases possible death. lumping, kicking, punc martial arts classes, an unpredictable nature o	and involve known Student understar hing, sparring, hai nd while participat of injury in, but not	n as well as unanticipate nds that such risks of ir ndling of martial arts we ing in martial arts exhib limited to, sparring, bre	artial arts training and its related ac ed risks of serious physical injury, njury are involved in, but not Limite eapons, breaking of boards and re bitions and tournaments. Student u eaking of boards and related items essential qualities of the art, and e	emotional injury and in extreme ed to, the training, running, elated objects incurred during understands that there is an and practicing martial arts
hereby voluntarily acce further agrees to waive instructors, assistants participation in martial to, participating in, or r	epts and assumes e, release and hole and agents from a arts activities, clas eturning from said result of intentiona	s all responsibility and r d harmless School, its any and all obligation al sses, exhibitions and to d School, or any other r al conduct on the part o	nis/her heirs, executors, administratisks involved in martial arts training owners, officers, members, employend liability for personal injury to Structurnaments; the use of the School martial arts related activities under if the School, its owners, officers, research	g and related activities, and yees, representatives, udent arising out of Student's 's premises; and from traveling School's auspices. (Provided the
instructors, assistants	and agents for acted to above, and o	ts and/or injuries to Stu does not prevail, Stude	ool, its owners, officers, members, ident as part of Student's participa ent will be responsible for all reason	tion in martial arts training and
I understand compensation at this c	• •	of me participating in so	chool sponsored activites may be ι	used for publicity without
Student, and/or Pa	rent or Guardia	ın acknowledges ha	aving read and understanding	g the above material.
Signature of Student:			Dated:	

Signature of Parent or Guardian (If Student is under 18)