



JOGO DA GINGA LLC, TRAINING WAIVER AND RELEASE OF LIABILITY

Client Information:

Full Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email Address: _____

I, the undersigned client, hereby acknowledge and agree to the terms and conditions outlined in this waiver before participating in Jogo da ginga LLC martial arts training. I understand that engaging in martial arts training involves physical activities that may carry inherent risks. By signing this waiver, I willingly assume these risks and release the instructors, facility, and affiliated personnel from any liability that may arise during or as a result of my participation in the Jogo da ginga LLC, capoeira martial arts program.

Assumption of Risks:

I am aware that capoeira martial arts training may include, but is not limited to, physical contact, striking, kicking, grappling, and other strenuous activities. I understand that these activities may result in injuries, including but not limited to bruises, sprains, strains, fractures, and more serious injuries. **I acknowledge that I am voluntarily participating in this training with full knowledge of these risks.**

Medical Fitness:

I hereby certify that I am physically fit to participate in martial arts training. I do not have any medical conditions, injuries, or disabilities that could prevent me from safely engaging in the activities associated with Jogo da Ginga LLC, capoeira martial arts training. If there are any changes to my health status, I agree to inform the instructors promptly.

Release of Liability:

In consideration of being allowed to participate in Jogo da Ginga LLC, capoeira martial arts training, I, on behalf of myself, my heirs, executors, administrators, and assigns, do hereby waive, release, and forever discharge the instructors, facility, and affiliated personnel from any and all liability, claims, demands, actions, or causes of action, whether arising out of negligence or otherwise, for any personal injury, property damage, or any other damages that I may sustain as a result of my participation in this program.

I have read and understand this waiver and release of liability in its entirety. I am voluntarily signing this document and acknowledge that I have had the opportunity to seek legal counsel if desired.

Client Signature: _____

Date: _____

Parent/Guardian Signature (if participant is a minor): _____

Date: _____

Emergency Contact Information:

Name: _____

Relationship: _____

Phone Number: _____

Jogo da ginga LLC,
2060 Lower Roswell Rd Suite 260, Marietta, GA 30068
(404) 491-1733
k.smith@jogodaginga.com
www.jogodaginga.com

Please keep a copy of this signed release form for your records.



PHOTO RELEASE FORM

I, [_____], hereby grant Jogo da Ginga LLC, its representatives, employees, and volunteers the right to take photographs and videos of me during my participation in the Jogo da Ginga LLC,. I also grant Jogodaginga LLC, the right to use and publish said photographs and videos for promotional, educational, and informational purposes, including but not limited to brochures, newsletters, social media, websites, press releases, and other promotional materials.

I understand and agree to the following terms:

I grant Jogo da Ginga LLC, all rights to the photographs and videos taken of me, including but not limited to the right to use, reproduce, distribute, and display the media for promotional purposes.

I waive any rights to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears.

I release and discharge Jogo da Ginga LLC, its representatives, employees, and volunteers from any claims, demands, or causes of action arising out of the use of the photographs and videos, including but not limited to claims for invasion of privacy, defamation, or copyright infringement.

I understand that no compensation will be provided to me for the use of the photographs and videos.

By signing below, I acknowledge that I have read and understood the terms of this Photo Release Form and voluntarily agree to its content.

Participant's Full Name: _____

Participant's Signature: _____

Date: _____

If the participant is under 18 years of age:

Parent/Legal Guardian's Full Name: _____

Relationship to Participant: _____

Parent/Legal Guardian's Signature: _____

Date: _____

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