

PARTICIPANT'S DETAILS – Please PRINT clearly

Name: _____ **Age:** _____

Phone: _____ **(m)** _____

Email: _____

Are you on Facebook? Yes / No **FB Name:** _____

Address: _____

Suburb: _____ **Post Code:** _____

Occupation: _____

How did you hear about this class?

☐ **Friend – Full Name** _____ ☐ **Flyer – Where** _____

☐ **Internet – Which Site** _____ ☐ **Other** _____

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____ (write your name), hereby agree to the following:

1. That I am participating in Anderson Bushi Kai (ABK) Martial Arts classes run by ABK Certified Instructors during which I will receive guidance, information, and instruction on such activity. I recognise that ABK Martial Arts is potentially a contact sport and requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in practicing ABK Martial Arts. I represent and warrant that I am physically fit and have no medical condition that would prevent my full participation in ABK Martial Arts training.
3. In consideration of being permitted to participate in ABK Martial Arts training, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of participating in the classes /training.
4. In consideration of being permitted to participate in ABK Martial Arts training, I knowingly, voluntarily, and expressly waive any claim I may have against the owners, instructors, and assistants, individually or otherwise of ABK Martial Arts for injury or damages that I may sustain as a result of participating in the classes /training.
5. I, my heirs, or legal representatives' forever release, waive, discharge and covenant not to sue ABK Martial Arts (the owners, instructors, or assistants, individually or otherwise) for any injury or death caused by their negligence or other acts. I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.
6. The entrant to ABK Martial Arts training, hereby releases ownership & permits usage of any photographs and/or video footage to ABK Martial Arts and/or the ABK Certified Instructor for use in promoting ABK Martial Arts schools and classes.

DATE

SIGNATURE OF PARTICIPANT/PARENT/GUARDIAN