

Hybrid Hapkido, LLC
Liability Release, Medical Waiver Form, Appearance Agreement and Termination Clause

Participant's last name: _____ First name: _____

Age: _____ Male Female Gender Neutral Date of birth: ___/___/___

Home phone: _____ Work: _____ Cell: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary emergency contact: _____ Phone: _____

Other emergency Contacts/numbers _____

e-mail: _____

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I (participants name) _____ agree to participate in the activities associated with the Hybrid Hapkido program (hereinafter "Program" or "HH"). I acknowledge and agree in my own behalf, that such participation subjects me to the possibility of physical illness or injury (minimal, serious, catastrophic, and/or death) and that I on my own behalf, acknowledge that I am assuming the risk of such illness or injury by participating in the Program. In the event of such illness or injury I authorize HH to obtain the necessary medical treatment for me and hereby, in my own behalf, release and hold harmless HH, the hosting site on whose premises the Program will occur, their affiliates, and the respective representatives of HH, the hosting site, and their affiliates (hereinafter collectively "Releasees") in the exercise of this authority. I further acknowledge and agree that I will be responsible for any and all medical and related bills that may be incurred on behalf of myself for any illness or injury that the I may sustain during the Program and while traveling to and from the site for the Program whether or not the Program actually occurs.

I agree to disclose any and all knowledge of bloodborne pathogens I may be carrying and will not hold HH responsible for any restrictions or prohibitions of instruction based on this information. I understand that because of the nature of the classes that transmission of bloodborne pathogens are likely. I understand that this poses an unnecessary risk to other students and faculty, and will be held liable if I am in violation of this clause.

I on my own behalf, further agree to release and hold harmless Releasees from any and all liability for negligence or any other claim, judgement, loss, liability, cost and expense (including, without limitations, attorney's fees and costs) arising out of or connected with the Program, including any claim arising out of or connected with any illness or injury that I may incur or sustain during the Program, all activities associated with the Program and while traveling to and from the site for the even whether or not the Program actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasees heirs, successors, assigns, executors, and administrators against loss from any further claims, demands or actions that may be subsequently brought by me or by any other person or persons on account of damages of any character resulting to me in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss, damages or costs Releasees may have to pay as a result of any such action, claim or demand.

Appearance Agreement: I understand that HH from time to time produces promotional material relating to its programs. I understand that as a participant in and/or a spectator at the Program that I may be included in video or photographs taken during the Program. Therefore, without reservation or limitations, I in my own behalf, hereby assign, transfer and grant to HH their successors, assignees, licenses, sponsors and television networks, and all other commercial exhibitors the exclusive right to photograph and/or make video of me and to utilize such video and photographs and my name, face, likeness, voice and appearance as part of the obligation to exercise any of the foregoing rights, licenses and privileges.

I understand that membership and the ability to attend class is evaluated on a case by case basis. The HH reserves the right to sever membership for any reason pertaining to the safety of the class and/or the public image of HH. Egregious violations of school tenants are an immediate and automatic termination. In the event of termination, there will be no refund of membership fees and all debts to the school must be paid within 30 days.

I represent that any medications to which I am allergic or am currently taking are listed below. I agree that I shall bring medications, which I am currently taking with me to the Event, and that I shall consume the prescribed dosage when appropriate. Any medications prescribed for illnesses or injury must take into consideration the practice and performance environment. My doctor must communicate any medications that potentially hinders athletic performance, as it pertains to this activity, to the coaching staff in writing.

Medications (if any): _____

Allergies to medication (if any): _____

Medical condition(s)/previous injuries: _____

Family doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Medical insurance: _____ Plan I.D. _____

Policy Number: _____ Subscriber: _____

Nationwide 800- number: _____

I, in my own behalf, hereby warrant that I have read the Release and Waiver in its entirety and fully understand its contents. I, in my own, am aware that this release and Waiver releases Releasees from liability and contains an acknowledgment of my voluntary and knowing assumption of the risk or illness. I, in my own behalf, further acknowledge that nothing in this Release and Waiver constitutes a guarantee that the Program will occur. I, in my own behalf, have signed the document voluntarily and of my own free will.

I do hereby verify that I fully understand the preceding conditions for permitting me to participate in and attend the HH programs.

Participants signature _____ Date _____

Adult's signature (If Applicable) _____ Date _____

Witness signature _____ Date _____