Ground Control Brazilian Jiu-Jitsu

WAIVER AND RELEASE OF LIABILITY FORM

I, …………………………………………………………………………………………….. hereby acknowledge and agree to participate in Brazilian Jiu-Jitsu training sessions with Ground Control BJJ, hereinafter referred to as "the club," as a non-member. I understand that participation in Brazilian Jiu-Jitsu involves physical activity and contact, and I voluntarily choose to participate in these activities with full knowledge and acceptance of the risks involved.

In consideration of being permitted to participate in Brazilian Jiu-Jitsu training sessions with the club, I hereby agree to the following terms and conditions:

Assumption of Risks: I am aware that Brazilian Jiu-Jitsu is a contact sport that involves physical activity, potential contact with other participants, and the possibility of injury. I acknowledge that there are inherent risks associated with these activities, including but not limited to sprains, strains, fractures, cuts, bruises, and more severe injuries. I voluntarily assume all such risks.

Health and Fitness: I attest that I am physically fit and have no medical conditions that would prevent me from participating in Brazilian Jiu-Jitsu training. I acknowledge that it is my responsibility to consult with a physician before engaging in any physical activities at the club if I have any concerns about my health or fitness level.

Safety and Conduct: I will follow all safety guidelines, rules, and instructions provided by the clubs's instructors during training sessions. I will conduct myself in a respectful and appropriate manner, both on and off the mats, and adhere to the School's code of conduct.

Release of Liability: In consideration of being allowed to participate in Brazilian Jiu-Jitsu training sessions with the School, I hereby release and discharge the School, its owners, instructors, employees, and affiliates from any and all claims, liabilities, demands, or causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or to any property belonging to me while participating in Brazilian Jiu-Jitsu at the School.

Indemnification: I agree to indemnify and hold harmless the School, its owners, instructors, employees, and affiliates from and against any and all claims, liabilities, demands, or causes of action brought by third parties arising out of my participation in Brazilian Jiu-Jitsu at the School.

Medical Treatment: In the event of an injury or medical emergency during a training session, I authorise the club's staff to obtain medical treatment for me, including emergency medical services if necessary. I understand that I am solely responsible for any medical expenses incurred as a result of such treatment.

Media Release: I grant permission to the club to use any photographs, videos, or other media of me taken during training sessions for promotional purposes without compensation or further notice.

I have read this waiver and release of liability form carefully and fully understand its contents. I voluntarily agree to its terms and conditions and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Participant's Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian's Signature (if participant is under 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Note: If the participant is under 18 years of age, a parent or legal guardian must sign the form on their behalf.