



TWEED COLLEGE OF MARTIAL ARTS

Student Training Waiver, Release, and Indemnity.

To the best of my knowledge, I am in good physical condition and fully able to participate in any classes, seminars, and workshops at Tweed College of Martial Arts.
I make the following representations: I have no impairments, illnesses or conditions that might endanger me or others whilst training at Tweed College of Martial Arts.

I will disclose any impairments, illnesses or conditions that might affect my ability to train at Tweed College of Martial Arts to a Trainer before undertaking any training or training-associated activities. I understand that accidents and injuries resulting from training, equipment, or failed equipment or other causes may happen without fault or negligence on anyone's part and that serious injury or death may result.

I am fully aware of the risks and hazards connected with the participation in Brazilian Jiu-Jitsu, Judo, Kickboxing, MMA Training, including physical injury or even death, and hereby elect to voluntarily participate in said event, knowing that the associated physical activity may be hazardous to me and my property.

I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or loss or damage to property owned by me, as a result of participation in this course.

I further certify that I am at least 18 years of age. If under 18, my parent/guardian is the below signed. I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, Tweed College of Martial Arts, Laura O'Brien, Tamara Turpin-Cook, their coaching staff, servants, agents, and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever 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 physical activity, or while on or upon the premises where the event is being conducted. It is my expressed intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVE, DISCHARGE, and CONVENTION TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement.

In signing this release, I acknowledge and represent that I HAVE READ THE FOREGOING Waiver of Liability and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreements have been made; and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

Student Name (Printed) _____ Date _____

Signature _____

(Parent to sign if under 18 years)

Parent Name: _____

TCMA Staff: _____ Staff Signature: _____

Student Phone Number: _____

Emergency Contact: _____ Relation: _____

Emergency Phone Number: _____