LEGENDARY MARTIAL ARTS ACADEMY

CONFIDENCE TODAY. SUCCESS TOMORROW.

Be Legendary.

LIABILITY WAIVER, RELEASE OF LIABILITY & ASSUMPTION OF RISK

THIS IS A LEGALLY BINDING AGREEMENT. PLEASE READ CAREFULLY BEFORE SIGNING.

ASSUMPTION OF RISK

I understand that martial arts training and physical fitness activities involve the risk of serious injury, including but not limited to: sprains, strains, muscle tears, broken bones, dislocations, concussion, paralysis, or even death.

These risks may result from my own actions, the actions of others, or the conditions of the facility or equipment.

I voluntarily choose to participate in the programs and activities offered by Legendary Martial Arts Academy LLC, including but not limited to:

- Martial Arts Classes
- Sparring
- Tournament Training
- Black Belt Club / Fight Night
- Trinity After School Program
- Demonstrations
- Community Events
- Camps
- Private Lessons
- Free Trial Classes

I freely and voluntarily assume all risks, known and unknown, even if arising from the negligence of the released parties.

PARTICIPANT RESPONSIBILITIES

I agree to:

- ☑ Follow all instructor directions and academy rules
- ☑ Use equipment and training areas properly
- ☑ Notify instructors of any injuries, conditions, or concerns
- ☑ Treat all instructors, students, and staff with respect
- ☑ Use martial arts techniques only during authorized training
- ☑ Refrain from any behavior that may harm myself or others

MEDICAL AUTHORIZATION

I authorize Legendary Martial Arts Academy LLC to obtain emergency medical treatment for me or my child if I am unable to be reached. I understand I am responsible for all costs associated with such treatment and transportation.

I CONSENT TO EMERGENCY MEDICAL TREATMENT, INCLUDING TRANSPORT BY AMBULANCE IF DEEMED NECESSARY.

PARTICIPANT INFORMATION

Student Name: _____

Parent/Guardian Name (if under 18): _____

Date: _____

By signing below, I acknowledge that I have read this entire agreement, understand it, and agree to be bound by its terms.

RELEASE OF LIABILITY

I, on behalf of myself and/or my minor child, hereby release, discharge, and hold harmless Legendary Martial Arts Academy LLC, its owner, instructors, assistant instructors, employees, volunteers, independent contractors, affiliates, and property owners (collectively referred to as "Released Parties") from any and all liability, claims, demands, causes of action, damages, or expenses (including attorney fees) arising from or related to any injury, illness, loss, or damage to person or property that may occur as a result of participation in any program, class, event, or activity, including transportation to and from any activity.

I also release the Released Parties from any claims arising from emergency medical treatment or first aid provided during participation.

I understand that this release applies even if the injury or damage results from the negligence of the Released Parties or from unknown conditions.

INDEMNIFICATION

I agree to indemnify and hold harmless the Released Parties from any loss, liability, damage, judgment, or costs (including attorney fees) arising out of or related to my participation in any activity.

PHOTO & VIDEO RELEASE (OPTIONAL)

I give permission for Legendary Martial Arts Academy LLC to use photos and/or videos of me or my child for the following purposes:

PURPOSE	I GIVE PERMISSION	I DO NOT GIVE PERMISSION
Website	☐	☐
Social Media	☐	☐
Printed Advertising	☐	☐
Promotional Videos	☐	☐

I understand that names will not be used without additional written consent.

CODE OF CONDUCT ACKNOWLEDGMENT

I understand that I/we are expected to conduct myself/our child in a manner that reflects the values of Legendary Martial Arts Academy:

RESPECT · DISCIPLINE · FOCUS · SELF-CONTROL · PERSEVERANCE

I understand that failure to follow the rules may result in removal from class or program without refund.

COMMUNICABLE ILLNESS ACKNOWLEDGMENT

I understand that participation in group activities may expose me or my child to communicable illnesses, including but not limited to COVID-19, influenza, and other illnesses. I acknowledge this risk and assume responsibility.

SIGNATURE

Participant Printed Name: _____

Participant Signature: _____ Date: _____

(If Participant is Under 18)

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

This Liability Waiver is incorporated into and should be read together with the Legendary Martial Arts Academy Registration Form. Information provided on the Registration Form, including emergency contacts and medical information, is incorporated by reference into this agreement.

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