Ailie Wellness / Cincy Women's Fight Club / Female Fight Training
Registration and Liability Waiver Form

Name: Height: Weight: Date of birth:

Address: Phone: E-mail address:

In case of injury notify: Phone:

REFERRED BY (or) how did you hear of us?

Athletic/Sports background:

Health information that may affect your participation (injuries, surgeries, medical conditions):

To the best of my knowledge, I am in good physical condition and fully able to participate in this training class. I am fully aware of the risks and hazards connected with the participation in Brazilian Jiu-Jitsu, Judo, Muay Thai Kickboxing, Karate, Boxing, Grappling, Hapkido, Bootcamp Training, Weightlifting, Yoga and Aerobics, including physical injury or even death, and herby elect to voluntarily participate in said class, 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, because of participation in this course. I further certify that I am at least 18 years of age. If under 18, my parent/guardian has signed below.

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, Ailie Wellness, Cincy Women's Fight Club, Gary Pekoe, their officers, 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 training 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 shall be constructed in accordance with the laws of the State of Ohio. **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.**

Signature _____ Date _____

Parent/Guardian Name and Signature (if under 18) _____