9Volt MMA

6800 Platt Av ♦ West Hills CA ♦ 91307
Phone :(818) 993- 2645

___/___/___

Liability Waivers

Name of Member: _____ Gender: _____ Age: _____

Address: _____ City: _____ Zip Code: _____

Cell Phone: ( ) _____ Email: _____

WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK
AND PARENTAL CONSENT (WHEN APPLICABLE) AND INDEMNITY AGREEMENT

1. I understand the nature of Martial Arts and Fitness Activities and acknowledge that my/the minor's experience and capabilities and believe I/the minor are qualified to participate in such Activity. I further acknowledge that I am aware that the Activity will be conducted in facilities open to the public during the Activity. I further agree and warrant that if, at any time, I believe conditions to be unsafe, I/or the minor will immediately discontinue further participation in the Activity. I certify that I am / my child is in proper physical condition to take part in Martial Arts and Fitness. I realize that there are certain risks possible in Martial Arts. I agree to assume the risk of all injuries or damage that may arise from my / my child's participation in the Martial Arts classes at 9Volt MMA and Kicks In Motion, Inc.

2. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS 9Volt MMA and Kicks In Motion MMA Inc, where the activity may take place, or has a vested interest in the activity, All Instructors and Teachers of premises on which the Activity takes place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, any loss of property, injury, misadventure, harm or damage sustained on account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I, or anyone on my/the minor's behalf makes a claim against any of the Releasees named above, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT I/THE MINOR HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY THE LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Please consult your physician before participating in any exercise activities.

All light touch sparring, kickboxing and grappling will be conducted during the regularly scheduled classes and contact to the head is not permitted. You have / your child has the right to refuse any classes while in session if you / your child feels uncomfortable.

MANDATORY EQUIPMENT NEEDED: shin pads, boxing gloves, athletic cup and mouthpiece. You can find these on-line or at your local sporting goods shop.

If you have or your child has any medical conditions that you feel 9Volt MMA and Kicks In Motion, Inc. and its Instructors should be aware of, please list them here:

_____

_____

In cases of EMERGENCY, please contact:

_____

Name Cell Phone Alternate Phone

I have read this release and understand its meaning.

_____ _____ Date: ___/___/___

Printed Name of Member Signature of Member, Parent/Guardian

PRINTED Name of Parent/Legal Guardian:_____ Copy I.D. Required__