MARTIAL MOVEMENT 무술 운동

Days	
Times	

Liability Waiver for Individual (Guardian)

Last Name:		First Name:		Middle Initial:	
Date of Birth:	Age:	Gender:	Phone: ()		
Address:		City:	State:	Zip:	
Allergies/Health Cor	ncerns:				
Emergency Contact	Name:		Phone: ()		

Liability Release: I, the parent/legal guardian, grant the permission necessary to allow the participant above to participate in any and all classes offered by Martial Movement at the designated facility, on the designated facility property, or at any events held at alternate locations conducted by Martial Movement. I, on the participant's behalf, further agree to release and hold harmless Martial Movement, as well as any and all respective directors, officers, representatives, members, and agents from any and all liability, whether caused by negligence or otherwise for any claim, judgement, loss, liability, cost and expense, including, without limitation, attorney fees and costs arising out of or connected with classes or events, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that I or the participant may incur or sustain while participanting in any activities offered by Martial Movement or associated with traveling to and from an event. I hereby warrant that I, on behalf of the participant, have read the Liability Release entirely, fully understand its contents and are aware that upon signing this form it fully releases Martial Movement and contains acknowledgement of my and the participant's voluntary and knowing assumption of the risk of injury or illness.

Medical Release: I, the parent/legal guardian, acknowledge and agree that such participation subjects its participants to the possibility of physical illness or injury (minimal, serious, catastrophic, and/or death) and I acknowledge that I and the participant assumes the risk of such illness or injuries by participating in the event. In the event of such illness or injury, I authorize Martial Movement to obtain necessary medical treatment for myself and/or the participant and hereby release and hold harmless Martial Movement, as well as any and all respective directors, officers, representatives, members, and agents in the exercise of this authority. I and the participant are aware of the possibility of injury and will follow all safety rules, practices, and instructions. The Staff will not accept responsibility for any injuries sustained during the course of any activity associated with the activities offered by Martial Movement. I, on behalf of the participant, further acknowledge and understand that I and the participant will be responsible for any and all medical and related bills that may be incurred for any illness or injury that I or the participant may sustain while participating in any classes or events offered by Martial Movement. I hereby warrant that I, on the participant's behalf, have read the Medical Release in its entirety and fully understand its contents. I and the participant are aware that this form releases any and all liability from Martial Movement and contains my acknowledgement that I and the participant voluntarily and knowingly assume the risk of injury or illness. I, on the participants behalf, further acknowledge that this release in no way constitutes a guarantee that the event will or will not occur.

Appearance Agreement: I, the parent/legal guardian, on behalf of the participant, understand and grant permission to Martial Movement to include, use, produce and distribute any promotional material which may include videotapes, photographs, DVDs, postcards, online promotion, advertising, and web podcasting, which may include myself and/or the participant. Therefore with-out reservation or limitation, I, on my behalf and on behalf of the participant, hereby assign and transfer the exclusive rights to use my and the participants name, face, voice, likeness, and appearance as a part of the event, in advertising and promoting the event and future events. I, on behalf of the participant, further understand that Martial Movement nor any third party is under obligation to exercise any of the foregoing rights, licenses and privileges. I waive any right to inspect or approve any material related thereto. I, on my behalf and behalf of the participant, have signed this document voluntarily and of my own free will.

Guardian's Name (Print):	Relation to Participant:

Guardian Signature: X______

Participant's Information