

MARTIAL MOVEMENT

무술 운동

Days	
Times	

Liability Waiver for Individual

Participant's Information

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Age: _____ Gender: _____ Phone: (_____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Allergies/Health Concerns: _____

Emergency Contact Name: _____ Phone: (_____) _____ - _____

Liability Release: I fully understand the activities and risks and agree 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 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 the event, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that the participant may incur or sustain while participating in any activities offered by Martial Movement or associated with traveling to and from an event. I hereby warrant that I have read the Liability Release entirely, fully understand its contents and am aware that upon signing this form it fully releases Martial Movement and contains acknowledgement of my voluntary and knowing assumption of the risk of injury or illness.

Medical Release: I 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 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 me 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 am 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 further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred for any illness or injury that I may sustain while participating in any classes or events offered by Martial Movement. I hereby warrant that I have read the Medical Release in its entirety and fully understand its content. I am aware that this form releases any and all liability from Martial Movement and contains my acknowledgement that I voluntarily and knowingly assume the risk of injury or illness. I further acknowledge that this release in no way constitutes a guarantee that the event will or will not occur.

Appearance Agreement: I 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 own behalf, hereby assign and transfer the exclusive rights to use my name, face, voice, likeness, and appearance as a part of the event, in advertising and promoting the event and future events. I 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 own behalf, have signed this document voluntarily and of my own free will.

Name (Print): _____

Signature: X_____

Date: _____