FUNCTION JIU JITSU
1313 GRAND AVE. #8A
BILLINGS, MT 59102
406.272.6377
functionjiujitsu.com

WAIVER OF LIABILITY
ASSUMPTION OF RISK
RELEASE

READ CAREFULLY BEFORE SIGNING

By signing, you acknowledge and accept the inherent risks associated with training at Function Jiu Jitsu LLC.

PARTICIPANT INFORMATION ☐ **Participant is a minor**

Participant Name: **Date of Birth:** _____	**Phone:** _____
Address, City, State, ZIP: _____	**Emergency Contact / Phone:** _____

ASSUMPTION OF RISK

I understand that Jiu Jitsu, grappling, striking, sparring, fitness training, and related activities involve physical contact and inherent risks, including but not limited to:

Bruises, strains, joint injuries, broken bones, concussions, skin infections (including MRSA), paralysis, or death.

I knowingly and voluntarily ASSUME ALL RISKS, whether caused by the ordinary negligence of Function Jiu Jitsu LLC or otherwise.

WAIVER & RELEASE OF LIABILITY

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE Function Jiu Jitsu LLC, Christopher Belcher, and all instructors, coaches, staff, volunteers, and representatives ("Releasees") from any claims, injuries, damages, or losses arising from participation in any activity at or affiliated with the academy.

This release applies to myself and/or my minor child(ren).

INDEMNIFICATION

I agree to indemnify, defend, and hold harmless Function Jiu Jitsu LLC and all Releasees from any claims, damages, or costs (including attorney's fees) arising from my (or my minor's) actions during participation, including any violation of gym rules or unsafe behavior.

MEDICAL AUTHORIZATION

I confirm that I (or my minor) am physically able to participate. In case of emergency, I authorize Function Jiu Jitsu LLC to obtain medical care and accept full financial responsibility for such care.

PHOTO & MEDIA RELEASE

I grant permission for Function Jiu Jitsu LLC to photograph or record me (or my minor) during training or events and to use such images or recordings for promotional, educational, or marketing purposes without compensation.

MINOR CONSENT (If Applicable)

I certify that I am the parent or legal guardian of the minor listed above. I consent to their participation and assume all risks on their behalf.

Parent / Guardian Name: _____

GOVERNING LAW & AGREEMENT

This Agreement shall be governed by the laws of the State of Montana. Any legal action related to this Agreement shall be brought exclusively in Yellowstone County, Montana.

If any portion of this Agreement is found unenforceable, the remaining provisions shall remain in full force and effect.

SIGNATURE

By signing below, I acknowledge that I have read, understand, and voluntarily agree to all terms of this Agreement. I understand that I am giving up substantial legal rights, including the right to sue.

Signature: _____

Printed Name: _____

Date: _____