



SPARRING LIABILITY RELEASE FORM

Name of Business or Organization:

FAMILY CHRISTIAN KARATE, LLC

Activity or Event:

IN-CLASS SPARRING AND TOURNAMENT SPARRING

Participant's Name:

I understand that participation in the above Activity or Event may be hazardous for the above-named participant.

In signing below, I assume risk of harm or injury which may occur to the participant as a result of participating in the above-named event or activity. I hereby release FAMILY CHRISTIAN KARATE, LLC and its officers, employees, or agents from any liability, costs and damages resulting this individual's participation. These conditions may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness that I may incur, including death. I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

If the participant is a minor:

I agree that the minor has my consent to participate in the event or activity.

I also give my consent for the business or organization to seek emergency treatment for the minor if necessary, and I agree to accept financial responsibility for the costs related to this emergency treatment.

_____/_____
Participant's signature / Date

Name of Parent or Guardian

_____/_____
Signature of Parent/Guardian / Date