



WARRIORS PATH KID'S PROGRAM
231 EAST PALMER AVE. TALLAHASSEE FL, 32301
WWW.WARRIORPATHFIGHTING.COM
(850) 329 - 6753

Liability Release/Waiver and Assumption of Risk

Date _____

Student Information (please print clearly)

Name _____ Address _____

Primary Phone Number _____

Legality Disclaimer -Warriors Path Fighting Systems, its owners, shareholders, board members, representatives, independent contractors, landlord, and/or employees, hereinafter known as Fighting Systems, do not endorse or make any representation, warranty, guarantee, or claim regarding the safety, effectiveness, or legality of any technique illustrated, described, or demonstrated by the aforementioned. (Initial _____) Fighting Systems expressly disclaims any and all liability relating to the practice or use of any of the techniques illustrated, described, or demonstrated by the aforementioned in any situation or as to their legality in any jurisdiction. (Initial _____) As a Student of Fighting Systems, you are advised to seek qualified legal advice regarding the legality or consequences for the use of any technique illustrated, described, or demonstrated by Fighting Systems. (Initial _____)

Fighting Systems Rules and Regulations – As a student, I must faithfully comply with all the rules and safety regulations of Fighting Systems. I further understand that all classes are supervised by qualified personnel and that strict observation of safety regulations will legally preclude the possibility of accidents and injury. Furthermore, I have consulted with a physician and have been found to be physically and mentally fit to participate in a course of martial art instruction and I am free of any communicable/infectious disease(s). (Initial _____)

Medical Release - In the event of an emergency, I hereby authorize transportation and licensed personnel to perform any accepted medical procedures on me deemed necessary or advisable, and agree to bear the expense of any such transportation or procedures. (Initial _____)

Release of Liability – Martial arts instruction and self defense courses offered by Fighting Systems will involve sparring and physical contact with other individuals that may result in personal injury. Other programs offered by Fighting Systems including stick fighting and street grappling also present a risk of personal injury to the participant. By signing below, I am acknowledging my intent to release, waive, and discharge Fighting Systems from any claim or liability for injury to the person or my child/children hereafter occurring at or around Fighting Systems from any cause whether or not such injury results from the active or passive

negligence of Fighting Systems. Accordingly, for myself and children, and for our successors, personal representatives, and assigns, I hereby release and waive any claims and cause of action against Fighting Systems for personal injury, loss and/or consequential damage to me or my children resulting from the future passive or active negligence of Fighting Systems in the operation, management, or supervisors of fighting Systems, and I agree to indemnify, defend and hold Fighting Systems free and harmless from any cost, loss, or liability arising out of any injury to myself or my children in or around Fighting Systems proximately resulting from the negligence of Fighting Systems.

Parent's Signature _____

Accepted by _____

Waiver and Assumption of Risk – The undersigned _____ (student) voluntarily makes and grants this Waiver and Assumption of Risk in favor of Fighting Systems as partial consideration (in addition to monies paid to Fighting systems for the opportunity to use the facilities, equipment, materials and/or other assets of Fighting Systems, and/or to engage in activities, events, sports, festivities and/or gatherings sponsored by Fighting Systems), I do hereby waive and release any and all claims whether in contract or of personal injury, bodily injury, property damage, damages, losses and/or death that may arise from my aforementioned use or receipt because I understand and recognize that there are certain risks, dangers and perils connected with such use and/or receipt, which I hereby acknowledge have been fully explained to me and which I fully understand, and which I nevertheless accept, assume and undertake after inquiry and investigation of extent, duration, and completeness wholly satisfactory and acceptable to me. I further agree to use my best judgment in undertaking these activities, use and/or receipt and to faithfully adhere to the safety instructions and recommendations, whether oral or written. I hereby certify that I am a competent adult assuming these risks of my own free will, being under no compulsion or duress. This Waiver and Assumption of Risk is all inclusive and may not be revoked, altered, amended, rescinded or voided without the express prior written consent of Fighting Systems.

Print Name _____ **Date** _____

Parent's Signature _____ **Age of child** _____