

Participant: _____ DOB: _____

Parent/Guardian: _____ DOB: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Participant agrees to strictly obey instructors and observe safety rules.

Because of the physical demands of martial arts and/or personal defense instruction participant understands that he/she must be in good physical condition to participate in the event. Participant understands that in case of injury, the only medical treatment Broome County Martial Arts will provide is first aid.

Participant agrees that any pictures, audio, or visual recordings taken of him/her in connection with the class/seminar can be used for publication, promotion, articles, shows and advertisement without additional consent and without compensation at this time or any other time.

RELEASE AND HOLD HARMLESS AGREEMENT:

YOU, THE PARTICIPANT AGREE THAT IF YOU ENGAGE IN ANY PHYSICAL EXERCISE, CLASS OR ACTIVITY, OR USE ANY EQUIPMENT OR FACILITIES AT BROOME COUNTY MARTIAL ARTS, CARRIES WITH IT THE POTENTIAL FOR CERTAIN RISKS, SOME OF WHICH MAY NOT BE REASONABLY FORESEEABLE. YOU AGREE THAT YOU ARE VOLUNTARILY PARTICIPATING IN ACTIVITIES AND USE OF THE FACILITIES AND PREMISES (INCLUDING THE PARKING LOT) AND ACKNOWLEDGE THAT THESE RISKS COULD CAUSE YOU, OR OTHERS AROUND YOU, HARM, INCLUDING, BUT NOT LIMITED TO, ILLNESS, BODILY INJURY, DAMAGE TO PROPERTY, EMOTIONAL DISTRESS, OR DEATH. BY SIGNING THIS AGREEMENT, YOU AGREE TO RELEASE, INDEMNIFY, AND HOLD HARMLESS BROOME COUNTY MARTIAL ARTS, AS WELL AS ALL ITS EMPLOYEES, AGENTS, REPRESENTATIVES, SUCCESSORS, ETC. FROM ALL LOSSES, CLAIMS, THEFT, DEMANDS, LIABILITIES, CAUSES OF ACTION, OR EXPENSES, KNOWN OR UNKNOWN, ARISING FROM YOUR PARTICIPATION AND/OR ATTENDANCE AT BROOME COUNTY MARTIAL ARTS. YOU ARE WAIVING ANY RIGHT THAT YOU HAVE TO BRING LEGAL ACTION TO ASSERT A CLAIM AGAINST US FOR NEGLIGENCE.

I HAVE READ AND UNDERSTAND THIS RELEASE AND AGREEMENT AND AGREE TO ITS PROVISIONS. I AM NOT UNDER THEIR INFLUENCE OF ANY DRUGS, ALCOHOL, OR OTHER INTOXICANTS. I AM NOT SUFFERING FROM ANY ILLNESS OR INCAPACITY. I AM OVER 18 YEARS OF AGE. (IF NOT OVER 18 YEARS OF AGE, PARENT OR GUARDIAN MUST SIGN.)

Name: _____

Signature: _____ Date: _____