WAIVER AND RELEASE OF LIABILITY

I hereby acknowledge that I have voluntarily chosen to use the facilities and participate in the activities of Lions Martial Arts Center. The activities of Lions Martial Arts Center include but are not limited to, Fitness Classes, Martial Arts Classes, Kickboxing, Brazilian Jiu-Jitsu, Wrestling, Seminars, Camps and Clinics, Boot Camps, Open Recreation, Personal Training, Weight Training and Conditioning (hereinafter called "activity" or "activities.")

I understand the risks involved in the activities. I recognize that each activity involves risk of injury and I agree to accept any and all risks associated with it, including but not limited to property damage or loss, minor bodily injury, serious bodily injury or death. I further recognize that my participation in the activities may lead to minor or serious bodily injury to the head, arms, legs, neck and back; and injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system; injury to internal organs; and injury or impairment to other aspects of the body, general health and well being. I understand the danger and risk of participating in the activities may not only result in bodily injury, but also in impairment of future abilities to earn a living; engage in other business, social and recreational activities, and generally to enjoy life. I understand that participation in the activities involve risks incidental thereto, including but not limited to, travel to and from competitions, practices, classes; limited availability of immediate medical assistance; and the possible negligent or reckless conduct of other participants. I am voluntarily participating in the activities with the knowledge of the risks involved and herby agree to accept any and all inherent risks of property damage, bodily injury, or death.

I further recognize that the risks mentioned above may arise from, but are not limited to, the following circumstances:

- **Fitness Classes/ Resistance Training and Conditioning/Personal Training:** Overstraining, improper technique, improper use of equipment, equipment failures, failure to follow instruction, tripping or falling, overexertion, uncontrollable natural elements, horseplay.
- **Martial Arts Classes, Kickboxing, Brazilian Jiu-Jitsu, Wrestling:** Physical contact with other participants, improper technique, equipment failure, failure to follow rules, physical contact with the floor and or wall, horseplay.
- **Failure to follow instruction or advice, improper use of equipment and errors in technique.**

I understand there are other risks not described above, not known to me now or not reasonably foreseen at this time that is associated with the activities. However, I acknowledge and accept those risks as well.

In consideration of my participation in the activities, and to the fullest extent permitted by law, I agree to indemnify, defend and hold harmless Lions Martial Arts Center, its officers, managers, staff, members, directors, employees, attorneys, representatives, heirs, predecessors, successors, agents, affiliates, contractors, coaches, trainers, volunteers and assigns from and against all claims arising out of or resulting from my participation in the activities. "Claim" as used in this agreement means any financial loss, claim, suit, action, damage, or expense, including but not limited to attorney's fees, attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible properly including loss of use resulting therefrom.

In addition, I hereby voluntarily hold harmless Lions Martial Arts Center, its officers, managers, staff, members, directors, employees, attorneys, representatives, heirs, predecessors, successors, agents, affiliates, contractors, coaches, trainers, volunteers and assigns for any claim arising out of or incident to my participation in any of the activities, whether the same is caused by or attributed to their negligence or of them or otherwise.

I also understand that Lions Martial Arts Center strongly recommends that I consult with a physician prior to engaging in strenuous physical activity. I also acknowledge that I am in good or reasonable physical condition to engage in strenuous physical activity. If my physical condition changes at any time, I will voluntarily withdraw from the activities.

In the event that I should require medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance. Furthermore, in the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect and recklessness.

I agree that this WAIVER AND RELEASE OF LIABILITY is effective for as long as I participate in the activities.

I acknowledge that I have carefully read this WAIVER AND RELEASE OF LIABILITY and fully understand that it is a release of liability. I expressly agree to release and discharge Lions Martial Arts Center and all of its officers, managers, staff, members, directors, employees, attorneys, representatives, heirs, predecessors, successors, agents, affiliates, contractors, coaches, trainers, volunteers and assigns, from any and all claims or causes of action and I agree to voluntarily give up or waive any right that I otherwise have to bring a legal action against for personal injury or property damage.

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* Lions Martial Arts Center reserves the right to use photos/videos and likeness of all participants for promotional purposes.

PARTICIPANT

Name (print):_____ Signature:_____

If participant is under the age of 18, agreement must be signed by a parent or legal guardian.

Parent or Guardian
Name (print):_____

Parent or Guardian
Signature:_____

COACH:_____ **Date:**____/____/____

PROGRAM:_____

LIONS MARTIAL ARTS CENTER
1912 McDonald Ave
Brooklyn, NY 11223

(Please print)
Participant's Name: _____
First **Middle** **Last**

DATE OF BIRTH: _____/_____/_____ **AGE:**_____ **SEX: M / F**
Month/ Day / Year

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

MOBILE PHONE: _____

HOME PHONE: _____

EMAIL: _____

PARENT OR GUARDIAN INFORMATION

NAME: _____

PHONE: _____

EMAIL: _____

EMERGENCY CONTACT

NAME:_____ **RELATIONSHIP:**_____

PHONE:_____

MARTIAL ARTS EXPERIENCE:

_____

_____

HOW DID YOU FIND OUT ABOUT US?_____

_____

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