

Cometoyoujiu-jitsu
WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in anyway at CometoyouJiu-jitsu athletics/sports program, BJJ, Wrestling, Kickboxing, MMA and related events and activities, the undersigned:

* Agree that the parent(s) and/or guardians(s) will instruct the minor participant that prior to participating he or she would inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.

* Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability, death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, and negligence of others, or the condition of the premises or of any equipment, used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.

* Assume all foregoing risks and accepts personal responsibility for the damages following such injury, permanent total disability, or death.

* Release, waive discharge and covenant not to sue CometoyouJiu-Jitsu, Aaron Summers, all other instructors/coaches, contracted directors, agents, photographers, and other employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

MEMBER NAME _____

PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN RELATIONSHIP _____

TELEPHONE # OF MEMBER OR PARENT/GUARDIAN _____

SIGNATURE OF MEMBER OR PARENT/GUARDIAN _____

DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____