

# Liability Waiver

In consideration of my attendance and participation in all activities offered by El Reno Jiu Jitsu, I, the undersigned student/parent, acknowledge and understand that participation in martial arts training involves certain inherent risks, including but not limited to personal injury, loss of personal property, or other harm. I hereby voluntarily assume all such risks associated with my participation in the program.

I agree to release, indemnify, and hold harmless El Reno Jiu Jitsu, its management, employees, instructors, staff, agents, volunteers, and fellow students from any and all claims, actions, liabilities, or damages arising from personal injury, death, or loss of property that may occur while attending or participating in any activities, classes, or events organized by El Reno Jiu Jitsu.

I further affirm that I (or the student named below, if a minor) am physically capable and fit to participate in the prescribed course of instruction and that such participation is voluntary. I acknowledge that any physical activity carries certain risks, and I assume full responsibility for any personal injury or medical condition that may arise from participation.

By signing below, I confirm that I have read, understood, and voluntarily accept the terms and conditions of this Waiver, Release, and Hold Harmless Agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name (if applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Street Number City State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number Emergency Contact & Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer Signature Date