

Liability Waiver Form

To the best of my knowledge, _____ (name of child) is in good physical condition and fully able to participate in this course. I am fully aware of the risks and hazards connected with the participation in Taekwondo, Karate, Judo, Jiu-Jitsu, other martial arts, calisthenics, and associated workouts/boot camps/seminars including physical injury or even death, and hereby elect to voluntarily participate in said event, knowing that the associated physical activity may be hazardous to me and my property. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH**, that may be sustained by me, or loss or damage to property owned by me, as a result of participation in this course. I further certify that I am at least 18 years of age. If under 18, my parent/guardian is the below signed.

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, Block Island Martial Arts, LLC, Philip (Flip) Porter and the Town of New Shoreham or Block Island School, their officers, servants, agents, and employees (hereinafter referred to as **RELEASEES**) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in physical activity, or while on or upon the premises where the event is being conducted.

It is my expressed intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVE, DISCHARGE, and CONVENTION TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the State of Rhode Island.

In signing this release, I acknowledge and represent that I HAVE READ THE FOREGOING Waiver of Liability and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and **I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.**

Medical Conditions _____

Student's Printed Name & Phone #

Date

Signature Parent's Name (if under 18)

Emergency Contact & Phone #