

## TOTAL COMBAT ACADEMY WAIVER FORM

I, \_\_\_\_\_ (Print Full Name) hereby agree to the following:

1. That I am participating in martial arts and fitness classes led by Total Combat Academy Instructors and coaches. I understand the risks and hazards involved, and I recognise serious and potentially life-threatening injuries can occur while participating with others in these activities.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any martial arts or fitness classes. I represent that I am physically fit and I have no medical, psychological, or other condition which would prevent my full participation in martial arts or fitness classes.
3. I realise that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.
4. In consideration of being permitted to participate in the activities at Total Combat Academy, I agree to assume full responsibility for any and all risks, injuries, or damages, known or unknown, which I might incur as a result of participating in the classes.
5. In further consideration of being permitted to participate in the martial arts and fitness classes, I, my legal heirs, executors, administrators, next of kin, successors, or legal representatives knowingly, voluntarily, and expressly waive, release, discharge, hold harmless and promise to indemnify and covenant not to sue Total Combat Academy, its members, agents, managers, general partners, limited partners, employees, instructors, volunteers, or representatives, and relinquish any and all claims that I or my estate, my heirs, or any person claiming under me completely and without reservation as a condition of my participation in the class that I may have against Total Combat Academy, its members, agents, managers, general partners, limited partners, employees, instructors, volunteers, or representatives, from any and all injuries or damages of whatsoever kind and nature that I may sustain as a result of participating in martial arts and fitness classes.
6. I hereby consent to receive medical treatment, which may be deemed advisable in the event of an injury, accident and/or illness during the martial arts and fitness classes. 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.)

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR UNDER 18's PARENT/GUARDIAN TO PRINT NAME AND SIGN;**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATION: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_