

KRAV MAGA™

OFFICIAL TRAINING CENTER

A Licensee of Krav Maga Worldwide Enterprises, LLC

197A Main Street, N. Reading MA 01864

NAME: _____

ADDRESS: _____

HM PHONE: _____ WK PHONE: _____

EMAIL: _____

INITIAL TO INDICATE YOUR UNDERSTANDING AND AGREEMENT

In consideration of being allowed to participate in any way in the Krav Maga program, its related events and activities, I _____, the undersigned, acknowledge, appreciate, and agree that:

- _____ 1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- _____ 2. I **KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE** Krav Maga National Training Center ("Center"), Krav Maga Worldwide Enterprises, Krav Maga Association of America, Krav Maga Productions, American Taekwondo Association, ATA Black Belt Academy, **Martial Arts Inc., their officers, officials, agents and/or employees**, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leaser of the premises used for the activity (**RELEASEES**) or others, and assume full responsibility for my participation; and,
- _____ 3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such hazards to the attention of officers of the Company of Martial Arts, Inc. immediately; and,
- _____ 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE RELEASEES**, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, I FULLY UNDERSTAND ITS TERMS, I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Age: _____ Date signed: _____

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINOR AGE *(under age 18 at time of registration)*

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

X _____
PARENT/GUARDIAN'S SIGNATURE

Emergency Phone #

Date signed