

JITA KYOEI DOJO/COPPELL ISD WAIVER AND CONSENT FORM

Date: _____

Student Name: _____ Age: ____ Date of Birth: _____ Sex: ____

Address: _____ City: _____ State: ____ Zip: _____ Home Phone: (____) _____

E-Mail: _____ Emergency Mobile Number/Person: (____) _____

Place of Employment: _____ Phone: (____) _____ Have you been arrested? ____ If yes, please explain: _____

Do you have any physical or mental conditions which could interfere with your study in any way? ____

If yes please explain: _____

Are you on any medication? ____ What is it? _____ To treat what? _____

Have you ever trained before? ____ In what? _____

Where? _____

WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE

In consideration of being permitted to participate in any way, including travel to and from, in practice, clinic, and related events and activities of **Jita Kyoei Dojo/Coppell ISD**, I hereby:

1. Acknowledge that I am familiar with the sport of Martial Arts (Karate, Judo, Jiu-Jitsu, Aikido, etc.) and understand the inherent risks associated with the sport.
2. Agree that, prior to participating, I will inspect the mats, equipment, and facilities, and if I believe anything is unsafe or beyond my capability, I will immediately advise my instructor, and/or a seminar official of such conditions and refuse to participate.
3. Acknowledge and fully understand that I will be engaging in a contact sport that might result in serious injury, including permanent disability or death, and severe social and economic losses due not only to my own actions, inactions, or negligence, but also to the actions, inactions, or negligence of others, or conditions of the premises or of any equipment used. Further, I acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time.
4. Knowing the risks involved in the sport of Martial Arts, I assume all such risks and accept personal responsibility for the damages following such injury, permanent disability or death.
5. Release, waive, discharge and covenant not to sue **Jita Kyoei Dojo/Coppell ISD**, and/or instructors, directors, officials, or volunteers together with their affiliated clubs, their officials, medical personnel, other participants, their parents, guardians, supervisors and coaches, sponsoring agencies, sponsors, advertisers, and if applicable, owners, lesser, and lessees of premises used in conducting training or events, all of whom are hereinafter referred to as "releaser", from any and all claims, demands, losses, or damages on account of injury, including permanent disability and death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releaser or otherwise to the fullest extent permitted by law.

I HAVE READ THE ABOVE WARNING, WAIVER, AND RELEASE, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND KNOWING THIS, SIGN IT VOLUNTARILY. I AGREE TO PARTICIPATE KNOWING THE RISKS AND CONDITIONS INVOLVED AND DO SO ENTIRELY OF MY OWN FREE WILL. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENT/GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW.

Printed name of Participant

Signature of Participant

Date

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER 18)

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 Releasers, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasers from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from their negligence, to the fullest extent permitted by law. I have instructed the minor participant as to the above warnings and conditions and their ramifications

Printed name

Signature of Parent/Guardian

Date