

# LeMasters Christian Martial Arts Academy

## LIABILITY RELEASE

Please read carefully. Each person participating in classes and activities of LeMasters Christian Martial Arts Academy (LCMAA) must read and sign a waiver form. Please make copies if necessary.

## LIABILITY WAIVER

I, the undersigned, acknowledge that I am applying for instruction in martial arts activities involving strenuous exercise and personal body contact. I understand that because of this there is always an inherent risk of injury that cannot be eliminated. I acknowledge that LeMasters Christian Martial Arts Academy carries no insurance against injury, loss or damage to any of the participants, spectators or persons otherwise connected with this club.

As a condition of being a member of LCMAA I assume the risk of all injuries, losses and damages and do hereby hold LCMAA; its staff and agents; the American Legion and its members, staff, and agents; or persons otherwise connected with this club or the American Legion facility; harmless from any and all liability (including attorney's fees and costs) for all claims, actions or damages due to injuries, losses or damage suffered by me or caused to a third party by me during the course of membership, or arising out of the activities of LCMAA, occurring on the premises of LCMAA facilities or elsewhere.

I, the undersigned, also warrant and represent that I have no disability, impairment or ailment preventing me from engaging in active or passive exercise or that will be detrimental or inimical to my health, safety, or physical condition if I do so engage or participate. This representation is made by myself, knowing that LCMAA will rely upon same in respect to the issuance of this agreement. I understand that LCMAA is not in any way responsible for my actions or physical well-being and that if I am in doubt about any part of my capability for physical training, I will consult my personal physician.

In case of emergencies, I authorize the club and its instructors to take me to the hospital or medical clinic for immediate medical care, and I authorize the club and its instructors to administer any immediate emergency measures on site if necessary (i.e. allergy shots, CPR, stabilizing an injured area, etc.)

For my own training and safety and that of other participants, I agree to conduct myself in a manner consistent with the rules of martial arts etiquette and observe common sense safety. I certify that I have read, understand and agree to the conditions of this Liability Release. If the applicant is under eighteen (18) years of age, I, the undersigned, as a parent or guardian of the above applicant, certify that I have read the above contract and I consent to the applicant's receiving the instruction applied for, and I agree to the provisions of the contract for myself and said applicant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_