

RELEASE AND WAIVER OF LIABILITY / INDEMNITY AGREEMENT

CAUTION: PLEASE READ THIS AGREEMENT CAREFULLY. BY SIGNING THIS AGREEMENT YOU ARE GIVING UP CERTAIN VALUABLE LEGAL RIGHTS TO SUE ASAH CREATIVE STUDIOS AND ANY OF THEIR EMPLOYEES AND/OR ASSOCIATES, FOR ANY PERSONAL INJURIES THAT YOU MAY SUFFER AS A RESULT OF TRAINING, EQUIPMENT, OR SUPERVISION PROVIDED

IN CONNECTION WITH ASAH CREATIVE STUDIOS. WARNING: THE SPORT OF MARTIAL ARTS HAS RISKS OF INJURY ASSOCIATED WITH IT. LIKE ANY CONTACT SPORT OR PHYSIAL TRAINING PROGRAM, IT CAN BE DANGEROUS AND CAN RESULT IN SERIOUS INJURY, PARALYSIS OR EVEN DEATH. I READ AND FULLY UNDERSTAND EACH PROVISION OF THIS AGREEMENT AND SO INDICATE BY INITIALING EACH PROVISION IN THE SPACES PROVIDED BELOW. (IF STUDENT IS A MINOR, PARENTS MUST ALSO SIGN AND DATE THE FORM.) IN CONSIDERATION of ASAH CREATIVE STUDIOS' authorization of (please neatly print the student's name)_ to utilize the facilities and equipment and to participate in martial arts training, martial arts as sport and its associated activities, it is agreed that: 1. **DEFINITIONS:** The term "Asah Creative Studios" shall include Asah Creative Studios, its partners, employees, associates, instructors, agents, the owners of the property on which classes are taught and martial arts is practiced. Martial Arts is an general term to describe, but not limited to: Karate, Tae Kwon Do, Boxing, Mixed Martial Arts (MMA) and Brazilian Jiu Jitsu (BJJ). The term Participant shall include the student listed above, if such student is 18 years old or older. If the student listed above is a minor, the term "Participant" shall mean such student AND the student's parents or legal quardians. _____ (Student Initials) ______ (Parent or Legal Guardian Initials) 2. ASSUMPTION OF RISK: The Participant is fully aware that martial arts and all associated activity is a calculated risk sport and contains inherent risks and dangers (including serious injury, paralysis or even death). The Participant understands this fact and that the training facilities and classes of Asah Creative Studios are taught by instructors in a home environment, and do not operate in a commercial or professional training and teaching facility. The Participant knows and understands the scope, nature, and extent of the risks involved in the activities contemplated by this agreement. The Participant voluntarily and freely chooses to incur any and all such risks and dangers. _____ (Student Initials) ______ (Parent or Legal Guardian Initials) 3. EXEMPTION FROM LIABILITY: The participant hereby fully and forever discharges and releases Asah Creative Studios from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of any damages sustained by the participant arising out of the Participant's engagement in martial arts classes, training or associated activities with Asah Creative Studios. Exemption from liability includes loss, damage, or injury resulting from the negligence of Asah Creative Studios or from any other cause or causes. _____ (Student Initials) ______ (Parent or Legal Guardian Initials) 4. COVENANT NOT TO SUE: The participant agrees, for him/herself and his/her heirs, executors or administrators, or assigns to indemnify and hold harmless Asah Creative Studios and not to initiate or assist the prosecution of any claim for damages, or course of action, which the Participant, his/her heirs, executors, or administrators hereafter may have by reason of injury to the person of the participant or to his/her property arising from the activities contemplated by this agreement.

(Student Initials) (Parent or Legal Guardian Initials)

any and all loss participation in INCURRED BY A	es, claims, actions or proceeding classes, trainings, matches or	gs of any kind which may be in other martial arts activities. Th ticipant and indemnified partic	/her heirs, executors, assigns or administrators to hold harmless Asah Creative Studios from itiated by the participant and/or any other person or organization relating to Participant's IIS INCLUDES REIMBURSEMENT OF ALL LEGAL COSTS AND REASONABLE COUNSEL FEES es or any of them for the defense in any such actions which may arise directly or indirectly ted by this agreement.
	(Student Initials)	(Parent or Legal Gua	rdian Initials)
RISK, EXEMPTIC		TTO SUE and INDEMNITY AGRE	ledges that the terms and conditions of the above provisions, including ASSUMPTION OF EMENT shall continue in full force and effect at all times and shall be binding upon heirs,
	(Student Initials)	(Parent or Legal Gua	rdian Initials)
			S DOES NOT PROVIDE ANY INSURANCE, EITHER MEDICAL OR LIABILITY FOR ANY INCIDENT IL ARTS RELATED ACTIVITIES AND IF I WANT INSURANCE OF ANY KIND, I MUST FURNISH MY
	(Student Initials)	(Parent or Legal Gua	rdian Initials)
arts-related acti	ivities. I further certify that I do r	not suffer from any of the follow	which may endanger the safety of my person or anyone else, by participating in martial ving conditions: extreme asthma, epilepsy, a cardio/respiratory disorder, hypertension, any ther pregnant nor in an intoxicated state.
	(Student Initials)	(Parent or Legal Gua	rdian Initials)
	DLICY: The participant understa rticipant chooses to complete th		tivities are non-refundable activities from the moment of purchase, regardless as to wheth-
	(Student Initials)	(Parent or Legal Gua	rdian Initials)
participation in	, ,	cluding any claims caused by t	hich I have released any and all claims against Asah Creative Studios resulting from my he negligence of Asah Creative Studios. I HAVE READ THIS AGREEMENT CAREFULLY, FULLY
I FURTHER CERT	IFY THAT: I AM EIGHTEEN (18) Y	EARS OF AGE OR OLDEROR	that I am the parent or guardian of the minor student listed above, signing on his/her behalf.
Date:	Student Signature:		(Parent or Guardian signature required below if student is under 18)
Date:	Parent's/Guardian'	s Signature:	(if student is younger than 18).
Date:	Parent's/Guardian'	s Signature:	(if student is younger than 18).



EMERGENCY CONTACT INFORMATION SHEET

NAME:	
AGE:	
ADDRESS:	
PRIMARY GUARDIAN:	
ADDRESS:	
BEST CONTACT PHONE NUMBER:	
EMAIL:	
SECONDARY GUARDIAN:	
ADDRESS:	
BEST CONTACT PHONE NUMBER:	
EMAIL:	
ALLERGIES:	
MEDICATION:	
DISABLITIES OR SPECIAL NEEDS:	
APPROVED PICK UP LIST:	
OTHER NOTES:	