

Release from Liability Form

I, _____, being of sound mind, do except the responsibility and consequences of participating in any activity (including but not limited to: Full contact of any kind, live blade training, or any other hard hitting contact) associated with Inayan Eskrima. I understand that by signing this document I, the student, assume all risks associated with participation and agree to hold the Inayan School of Eskrima as well as all Guros (Instructors), agents, fellow students, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with participation in classes, lessons, practice, contest or activities related to Inayan Eskrima.. By any family member signing this document, they also agree and accept that I, the student, assume all risks associated with participation and agree to hold the Inayan School of Eskrima as well as all Guros (Instructors), agents, fellow students, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with participation in classes, lessons, practice, contest or activities related to Inayan Eskrima.

I understand that the dangers and risks of participation in classes, lessons, practice, contest or activities of any Martial Arts (including Inayan Eskrima) include, but are not limited to; death, serious neck injury or impairment to other aspects of the body, general health and well being. It is understood that the dangers and risks involved with participation in classes, lessons, practice, contest or activities of a Martial Art (including Inayan Eskrima) may result not only in serious injury, but in a serious impairment of one's future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life. The terms hereof shall serve as a release and assumption of risk for your heirs, estate, executor, administrator, assignees, and for all members of the family. Additionally, by signing below the student and/or parent/legal guardian understand, in the event of an emergency every effort will be made to contact them. However, in the event they cannot be reached, this form hereby gives permission to the physician selected by the Inayan School of Eskrima to hospitalize and secure proper treatment (including surgery) for the student. Moreover, by the parent and/or student signing this form, they are agreeing to abide by all school/organization rules and reasonable authority of the Guros (Instructors) and/or those individuals as designated by a Guro (Instructor) and that the student has deemed him/herself physically able to participate in the Martial Art of Inayan Eskrima.

Student

Name _____

Signature _____

Date _____

Parent / Legal Guardian

Name _____

Signature _____

Date _____

Day Phone _____ Night Phone _____

Other Emergency Contact _____

IMPORTANT! This Form must be COMPLETE AND SIGNED by both the student, parent/legal guardian, spouse, or other family member for the student to participate in any class activity.