



Watson Martial Arts

3942 Laclede Ave.
St. Louis, MO 63104

<http://www.watsonbjj.com>
260-BJJ-4-STL (260-255-4785)

For Office Use Only

Referral: _____

Comments: _____

Release of Liability and Assumption of Risk Agreement

NOTE: This form must be read and signed before the participant is allowed to take part in any activity.

IN CONSIDERATION of being permitted to participate in any way with Watson Martial Arts, I acknowledge and agree that:

- The risk of injury from the activity involved is significant, including the potential for permanent disability and death, and while particular protective equipment and personal discipline will minimize this risk, the possibility of serious injury still exists.
- There is the chance of being injured as a result of my participation in the activities performed at Watson Martial Arts. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF OTHERS, and assume full responsibility for my participation.
- I understand that the activities are physically and mentally intense. I understand the rules set forth by Watson Martial Arts and that they exist for my safety and the safety of others. I will comply with all rules and regulations.
- I understand that in case of emergency, I hereby authorize any licensed medical personnel to perform any medical assistance deemed necessary and I agree to bear the expense of any such treatment.
- I may choose to cease any activity and vacate the property at any time during my participation, but will notify the present instructor prior to my cessation and departure.
- On behalf of myself, my heirs, assigns, personal representatives and next of kin, I HEREBY RELEASE Watson Martial Arts and all persons acting by, through or on behalf of Watson Martial Arts or otherwise involved in conducting the activities, which includes, but is not limited to, owners of the property, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH and loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except that which is the result of gross negligence and/or gross misconduct. I also agree to INDEMNIFY AND HOLD HARMLESS the Releasees from all claims, judgments and costs, including attorney's fees, incurred in connection with any action brought as a result of my participation or observation of the activities.
- I understand and agree that this Release of Liability covers each and every activity and event in which I participate on this date and hereafter.
- I agree that my attendance and/or performance at the academy and at events associated with the academy may be photographed, filmed and/or taped and used by Watson Martial Arts for marketing purposes and I authorize the use of my image and I waive any compensation thereof – even if I discontinue my training at Watson Martial Arts.
- This waiver is to be enforced under the laws of the state of Missouri.
- Any claim filed against Watson Martial Arts must be filed in a court or jurisdiction in the state of Missouri.

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.

First Name

Last Name

Email

Phone

Current Address (Street / City / State / Zip Code)

Emergency Contact (Name / Phone)

Signature

Today's Date

Birthdate

PARENT OR GUARDIAN OF PARTICIPANT UNDER 18 YEARS OF AGE MUST READ THIS FORM AND SIGN BELOW

This is to certify that I, as the parent/guardian, with legal responsibility for this participant, do consent and agree not only to his/her release of Watson Martial Arts, its members, and all other Releasees, but also I agree to release and indemnify and hold harmless the Releasees from any and all liabilities incident to said participant's involvement in these programs on behalf of myself, my heirs, assigns and next of kin.

Printed Name

Signature

Phone

Today's Date