

ONE HEART WAY DOJO

Release for Instruction

Release and Waivers

a) I, for myself or for any minor for whom I am Parent or Guardian, my heirs, executors, administrators, successors and assignees, (hereafter referred to as "I") hereby release, waive and forever discharge and hold harmless from any and all liability for any injury that I might sustain through my training and/or practice: Darryl Hall, and any of his heirs, executors, administrators, employees, independent contractors, agents, representatives, volunteers, sponsors, assigns, designees, class instructors and/or their assistants, and/or any other members of the school (herein referred to as the "dojo") and/or it's agents, employees, property owners and officers, including, but not limited to, One Heart Way Dojo Karate Club, Lifewell Church, DalRich Properties, the ReCreation Outreach Center, Metro Family Ministries or Freeman Heights Baptist Church from any and all damages, costs, expenses, attorney's fees, actions and causes of action, whether in law or equity, in or during my attendance at or participation in the training whether as a spectator, participant or otherwise, any claims, demands, actions, judgments, executions, damages or liabilities relating to or resulting from or arising out of my participation, including but not limited to any claims for/of negligence, personal injuries known or unknown, and injuries to property real or personal, or intentional wrongdoing. This release of claims shall be binding on me and/or my heirs, executors, administrators, successors and assigns.

Terms of Acceptance

a) I understand that the training that I am requesting involves contact between me and others in a simulation of situations that is inherently risky and could result in harm or injury. I understand that I will be instructed in a system of controlled self-defense, which, if misused by me, could cause serious injury to me or others. I understand that control will be required of me to perform this self-defense system, and I attest that I will use said control. I understand and agree that by making this activity available to me the dojo is not assuming any liability for any/all harm resulting from my participation. I understand and acknowledge that my participation is purely voluntary. I also assume full responsibility for my use of these skills should I use them within or away from the dojo.

Medical Releases and Waivers

a) I attest that I am physically fit to participate in this type of activity and that I have no condition that would prevent my participation. I will not participate in any activity that would jeopardize my health or exacerbate any condition I may have.

b) I authorize any designee of the club to secure any and all medical care and treatment for me, or my child if he/she is a minor, for any injury sustained or illness suffered while at the club or participating in any of its activities at any location where that activity takes place in any capacity. This includes activities related to self-defense or any other activity sponsored by the dojo.

c) I understand that the cost of any services provided by any ambulance, private physician, clinic, hospital or dentist remain the responsibility of the participant or his/her parent or guardian and will not be assumed or paid by the dojo or any of its members, even if any designee of the dojo is required to sign in any way any document for the admission of me or my child, if he/she is a minor, for medical care.

d) . I give my consent for emergency medical treatment for me or my minor child.

Time in force

a) I, the undersigned, have read this release, understand all its terms I execute this release voluntarily and with full knowledge of its significance. This release stands in power of execution until rescinded in writing and return signed by Darryl Hall or his designee.

Name of Student: _____ Date of birth: _____

Name of 2nd Student: _____ Date of birth: _____

Student Phone number: _____

Name of parent/legal guardian (if under 18): _____

Parent/guardian phone _____

Emergency contact person: _____

Emergency contact phone number: _____

Complete mailing address: _____

Legal signature: _____ Date signed: _____