

TRADITIONAL KARATE ATLANTA, LLC

Liability Waiver and Release, Assumption of Risk

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Karate Club: _____ AAKF#: _____

In consideration of being permitted to participate in the activities conducted by South Atlantic Region (“SAR”) and hosted by Traditional Karate Atlanta (“TKA”), I agree as follows on behalf of myself, my personal representatives, heirs, beneficiaries and assigns.

I ACKNOWLEDGE AND AGREE that my participation with SAR and TKA is for the purpose of practicing Karate; the practice of Karate is the physically strenuous, dynamic, and challenging practice of self defense which includes, but is not limited to, punching, kicking, striking and grappling, both individually and with partners. I further understand that such activity includes inherent dangers including serious bodily injury, permanent disability, paralysis or death which may be caused from my actions or inactions, the actions or inactions of others or the conditions of the facility in which the activity is conducted; I understand there may be other risks or other social or economic losses either not known to me or readily foreseeable at this time; and I FULLY ACCEPT ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES incurred as a result of my participation in the activity. I have consulted with my physician prior to engaging in the practice of Karate with SAR and TKA and I am qualified, in good health and proper physical condition to participate in such activity. I am responsible for monitoring my own activity level and maintaining awareness of my own physical limitations. I further agree that I will immediately discontinue participation in any activity which I perceive to be unsafe for any reason.

I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE AND AGREE TO HOLD HARMLESS SAR and TKA, its administrators, members, directors, agents, officers, volunteers, employees and other participants, owners and lessors of the premises on which the activity takes place (each considered a "Releasee") from all liability, claims, demands, losses or damages on account caused or alleged in whole or in part by any act or omission of the Releasees in connection with the activities described above, whether or not caused in whole or in part by the negligence of any Releasee, including rescue operations, and further agree that if, despite this release, I or anyone on my behalf makes a claim against any Releasee, I will indemnify, save and hold harmless each of the Releasees from any litigation expenses, attorneys fees, loss liability, damage or cost as may occur as the result of such claim.

I agree to abide by all rules and regulations of the American Amateur Karate Federation, SAR, TKA, and to exercise caution and restraint when practicing Karate individually and with other students. I agree to immediately report any unsafe conditions which come to my attention, including but not limited to the floor or any equipment. Any intentional act to injure another participant is expressly prohibited. SAR and TKA reserves the right to dismiss any participant at any time for any reason.

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I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY; I INTEND IT TO BE A COMPLETE RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE SHALL CONTINUE IN FULL FORCE AND EFFECT.

Method of Payment: PayPal: Credit/Debit Card: Cash: Check: N/A:

Amount: _____

Check Number: _____ (Payable to Traditional Karate Atlanta or TKA)

Credit/Debit Card Number: _____

Expiration Date (MM/YY): _____ / _____ CVV (last 3 digits on back) _____

Traditional Karate Atlanta accepts MasterCard, VISA, and Debit Cards. Address & Zip also required.

I, the undersigned, agree to pay the above amount according to the Card Issuer Agreement.

I, the undersigned, grant permission for my/our name(s), photographic image, and/or quotations to be published in print (including, but not limited to newsletters, brochures, newspapers, etc.), on the internet, shown on television, or used in videos, in conjunction with TKA or SAR events, DVD sales, promotional material, and/or other marketing media.

Name of Participant (if over 18)

Signature of Participant (if over 18)

Date

MINOR RELEASE

I AM THE MINOR'S PARENT AND/OR LEGAL GUARDIAN AND HAVE THE AUTHORITY TO EXECUTE THIS WAIVER ON HIS/HER BEHALF. I UNDERSTAND THE NATURE OF KARATE AND ITS PRACTICE AS DESCRIBED ABOVE AND THE MINOR'S EXPERIENCE AND CAPABILITIES; I BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I hereby adopt and fully incorporate the entirety of the above WAIVER OF LIABILITY AND RELEASE, ASSUMPTION OF RISK on the minor's account and behalf, releasing all Releasees in the manner and upon the terms described above on behalf of the minor, his/her parents/guardians, personal representatives, heirs, beneficiaries, _____ and _____ assigns.

Name of Parent/Guardian

Signature of Parent/Guardian

Date