

Fremont Shotokan LLC

fremontshotokan@gmail.com

www.fremontshotokan.com



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 Fremont Shotokan LLC, 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 Fremont Shotokan LLC. 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 Fremont Shotokan LLC 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 Fremont Shotokan LLC and all persons acting by, through or on behalf of Fremont Shotokan LLC 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.

This waiver is to be enforced under the laws of the state of California.

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 _____

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 Fremont Shotokan LLC, 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 _____

Today's Date _____ Phone _____

