Scott Audas Jiu Jitsu AKA Alliance Jiu Jitsu

Henderson, KY 42420

Participants Name: _____ (Please Print)

Participants Address: _____ (Please Print)

Waiver of Liability: I agree that all exercise, drills, sparing, and use of equipment and facilities of Scott Audas Jiu Jitsu (SAJJ) shall be undertaken at my and my minor children(s) risk. I assume the risk of all injuries I or my minor children(s) may suffer while using any of the equipment, or the facilities, or exercising, or training at SAJJ, and that neither SAJJ nor the owner(s) or operator(s) or instructor(s) or associations of SAJJ shall be liable for any claim, demand, injuries damages, actions or cause of actions, whatsoever, to me and my minor children or property arising out of or connected to any of the service, equipment, and/or facilities of SAJJ and the owner or operator of SAJJ from all such claims, demands, and injuries damages, actions, or cause of actions from acts of negligence, active or passive and all other fault on the part of SAJJ, it's owners, operators or the services, agent or employees of the forgoing. By signing this agreement, the signee has reviewed and concurs that all information in this agreement and agrees to the above agreement and all terms and conditions listed on this waiver. Furthermore, the signee agrees to accept all financial responsibility for all individuals listed on this form. If you have any medical issues, you should consult a physician before signing this agreement.

Initial: I have read and fully understand the Waiver of liability agreement above:
_____

Waiver of Release of Personal Injury: I agree, acknowledge that athletic activities and using SAJJ INVOLVES RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, INFECTIOUS DISEASE TRANSMISSION, PARALYSIS, AND DEATH. By accepting this agreement and using SAJJ facilities, the signee assumes all risk of injuries I or my minor children may suffer and responsibilities associated with SAJJ, including any activities, subsidiaries, associations, successors, attorneys, and insurers from any and all claims, damages, liabilities, expenses, and cost arising out or related to any negligence, any other members, guest, or invitee's.

Initial: I have read and fully understand the Waiver of Release of Personal Injury:
_____

Waiver and release of theft or property damage: I agree that I am responsible to protect against theft or damages to my personal property while using SAJJ. The signee waives, and releases SAJJ it's owner(s), operator(s) or associations from any and all claims, damages, or responsibility relating to the theft of or damage to signees personal property.

Initial: I have read and fully understand the Waiver and release of theft or property damage:
_____

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 AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL 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, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Participants Signature: _____ Date: _____

Participants Guardians Signature: _____ Date: _____

(if participant(s) are under 18 years old)