

Waiver Form

Krav Maga of Orange County

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www.kravmagaoc.com, www.missionaikido.com

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HM PHONE: _____ WK PHONE: _____

CELL PHONE: _____ EMAIL: _____

How did you hear about us? _____

Goals (check all that apply):

Class Interest: Self Defense Fitness Fighting Aikido Other _____

Physical Goals: General health Cardiovascular Conditioning Weight Loss Strength Flexibility

Krav Maga Level 1 / Intro Fitness Law Enforcement km-X (Youth) Boxing Aikido Other _____

In consideration of being allowed to participate in any way in the Krav Maga program, its related events and activities, I _____, the undersigned, acknowledged, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELESEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Krav Maga of Orange County LLC., Krav Maga Worldwide, Inc., Krav Maga Association of America, Inc., Krav Maga Productions; their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lesser of premises used for the activity ("releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASSEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Age: _____ Date signed: _____

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (under age 18 at time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASSEES, to the fullest extent permitted by law.

X _____
PARENT/GUARDIAN'S SIGNATURE

Emergency Phone #

Date signed