

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM
THE MOVEMENT STUDIO

PLEASE PRINT—You must fill out form **completely** front and back **prior** to first class.

DATE: _____, 20_____

Adult/Parent/Guardian_____ D.O.B._____

Address_____

City_____ State_____ Zip_____

Phone_____ Email_____

Emergency Name/Phone_____

First class attending (name of class) _____

Participant's Full Name (1)

_____ Age/D.O.B._____

Participant's Full Name (2)

_____ Age/D.O.B._____

Participant's Full Name (3)

_____ Age/D.O.B._____

Participant's Full Name (4)

_____ Age/D.O.B._____

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

I HEREBY WAIVE, RELEASE, AND DISCHARGE **The Movement Studio** and all divisions thereof of any and all liability and responsibility for injuries, sickness, pandemics, accidents, natural disasters and/or acts of God incurred during participation in and/or instruction of camps, intensives, private instruction, choreography, dance, fitness, Kenpo karate classes, or musical theater productions, or any activity I may participate at The Movement Studio or in representation of.

I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS:

The Movement Studio and/or their directors, officers, managers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers.

I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this waiver, release and liability form from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

I consent that any pictures or other likeness furnished by me or taken of me in connection The Movement Studio, the American Kenpo Karate Academy (AKKA Karate USA) its franchisees, employees or agents for publicity, promotion, or television use may be used. I hereby waive any claim for compensation arising out of such use.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

PARENT / GUARDIAN WAIVER FOR MINORS (Only if student is under 18 years old)

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Signature of Parent or Guardian

DATE _____

***Attorney Review.** Each party warrants and represents that it has had the opportunity to rely on legal advice from an attorney of its choice, so that the terms of this Agreement and their consequences could have been fully read and understood by such party.