

PARAGON

MARTIAL ARTS ACADEMY

WAIVER AND RELEASE LIABILITY

Member's Name:	Birth Date: (mm/dd/yy):
Student's Name (If Different from the above):	Birth Date: (mm/dd/yy):
Additional Student:	Birth Date: (mm/dd/yy):
Street Address:	City:
Primary Phone Number:	Postal Code:
Emergency Phone and Contact:	
Email:	

In consideration of being allowed to participate in any way in the Paragon Martial Arts and Fitness program of physical exercise, related events and activities, the undersigned acknowledges, appreciates, and agrees 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 rules, 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 RELEASEES 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 nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Paragon Martial Arts, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used to conduct the event ("Release's"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.



1163-11871 Horseshoe way, Richmond, BC V7A 5H5

[www. Paragonmartialarts.ca](http://www.Paragonmartialarts.ca)

e-mail. members@paragonmartialarts.ca

At all classes, practice sessions, workshops & seminars and tournaments, conducted by PARAGON MARTIAL ARTS reasonable care is taken to prevent serious injuries and to minimize accidents, and it is required that students obey the rules and regulations of PARAGON MARTIAL ARTS. No person shall practice free sparring until he or she has been approved by the instructor(s). Member further agrees that no physical contact is allowed during free sparring. Recognizing that the strenuous nature of this activity involves risk of injury, Member agrees to hold PARAGON MARTIAL ARTS, it's officers, instructors, guests and members and PARAGON MARTIAL ARTS free and harmless of any liability or damages.

FOR 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 Release's, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Release's from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

PERMISSION TO USE PHOTOGRAPH

I grant to Paragon Martial Arts, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize Paragon Martial Arts its assigns to use and publish the same in print and/or electronically. I agree that Paragon Martial Arts may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. Member understand that pictures and articles taken or written respectively with their image or name (including family members) and put on the official web site, and member understand that those pictures and articles are the property of PARAGON MARTIAL ARTS to be used for their official use as a Martial Arts program o promote and advertise the studio as they deem necessary. Member expects no compensation for the use of their image or name.

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.

STUDENT/GUARDIAN'S PRINTED NAME _____

STUDENT/GUARDIAN'S SIGNATURE _____

DATE _____



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