



THE KRAV MAGA CENTER

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ACCIDENT WAIVER AND RELEASE FORM

THIS ACCIDENT WAIVER AND RELEASE OF LIABILITY MUST BE SIGNED TO PARTICIPATE IN ANY EVENT

All courses of instruction offered through the Krav Maga Center consist of a fair amount physical exertion, and thus require some physical endurance, mental, and emotional limits, and carries with it the potential for loss of property, serious injury, and/or possibly death.

Also, I understand that the courses of instruction are sometimes conducted outdoors, exposing students to conditions of terrain, weather, as well as flora and fauna, and that there are risks associated with this type of training. These risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to participants, volunteers, spectators, coaches, event officials, event monitors, and/or producers of the event, and due to lack of hydration. Also, it should be known that these risks are not only inherent to the participants, but also to volunteers as well.

I, hereby assume all risks while participating and/or volunteering in these events I further realize that liability may arise from negligence or carelessness on the part of the persons or entities involved in these events, and release them from liability due to dangerous or defective equipment or property owned, maintained, and/or controlled by said group because of their possible liability _____

I, as a participant, deny any medical, physical, psychological conditions that would prohibit activities in the Krav Maga Center curriculum and I certify that I am physically fit, have sufficiently trained for participation in the event, and have not been advised otherwise by a qualified medical professional.

In consideration of my application and permission to participate in this, as well as any future KravMagaX events, I hereby take action for myself, my executors, administrators, heirs, next of kin, and successors, assign as follows:

A) I Waive, Release, and Discharge, from any and all liability for my death, dismemberment, disability, damaged property, theft, and/or actions of any kind which may hereafter accrue to me, traveling to and from the Krav Maga Center, their owners, directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteers, staff, contractors, and clientele; _____

B) Indemnify and HOLD HARMLESS the entities or persons mentioned in this waiver of any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event. _____

I, hereby consent to medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during this event. Should such injury require immediate advanced medical care, I understand that I am personally responsible for all costs and liability of such treatment. _____ Initial

I understand that at this event or related activities, I may be photographed and I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, and/or organizers with no compensation to me.

I, affirm that I will never use the training given by the Krav Maga Centers training curriculum to plan, assist, and/or participate in any criminal or terrorist activity, and that I am compliant with legal status, manipulated by all levels of government which hold jurisdiction over any locations which KravMagaX may use for training purposes. . _____ Initial

I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors, Center and organizers, in which I participate, and that it will govern my actions and responsibilities during and after said events. _____ Initial

This Accident Waiver and Release of Liability form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. _____ Initial

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I, certify that I have read the above document, and I understand its content.

By registering, I acknowledge that I have read and understood the entire document.

Signature: Date:

Email

Printed Name:

Emergency Contact Number

Contact Information

Home Address:

Cell Phone: