TEMPLE
MARTIAL ART STUDIO

# LIABILITY WAIVER AND RELEASE AGREEMENT

**Participant Name:** _____

**Date of Birth:** _____

**Emergency Contact:** _____

**Phone Number:** _____

In consideration of being allowed to participate in any way in the programs, activities, and training provided by any **Professor or Instructor from TEMPLE DOJO LLC,** I, the undersigned, acknowledge and agree to the following:

1. **Assumption of Risk**

I understand and acknowledge that Brazilian Jiu-Jitsu and other martial arts activities involve physical contact and carry the risk of injury, including but not limited to sprains, fractures, dislocations, concussions, and in rare cases, more serious injuries. I voluntarily assume full responsibility for all risks, known and unknown, inherent in such activities.

2. **Release of Liability**

I hereby waive, release, and discharge , their agents, employees, instructors, and volunteers from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, injury, or death that may be sustained by me while participating in any activity or while on the premises.

3. **Medical Authorization**

In the event of an emergency, I authorize **TEMPLE DOJO LLC** and its representatives to secure any necessary medical treatment for me (or my child) and agree to be responsible for the costs of such treatment.

4. **Fitness to Participate**

I affirm that I (or my child) am in good health and physically capable of participating in martial arts training. I agree to inform the instructors of any medical condition or injury that may affect my participation.

5. **Photography and Video Release**

I grant permission to any **Professor or Instructor from TEMPLE DOJO LLC** to use photographs or videos of me taken during classes or events for promotional purposes, including social media, websites, and printed materials.

6. **Binding Agreement**

This agreement is binding upon me, my heirs, executors, administrators, and assigns. I have read this waiver and fully understand its terms. I acknowledge that I am signing it freely and voluntarily.

**Participant Signature:** _____

**Date:** _____

**Parent/Guardian Signature (if under 18):** _____

**Relationship to Participant (if under 18):** _____

**Date:** _____

This agreement in non-transferable without the expressed written consent of **TEMPLE DOJO LLC**.