

Wuji Systems Warning, Waiver, Release of Liability, Assumption of Risk and Agreement to Participate

THIS AGREEMENT MUST BE SIGNED BY ANYONE WHO WISHES TO PARTICIPATE IN ANY CLASS

In consideration of being allowed to participate in any way in the classes of Wuji Systems, I,

Full Name: _____

Phone: (____) ____ - _____ Email: _____

Address: _____

Emergency Contact Name: _____ Phone: _____

1. Recognize and understand that martial arts training, boxing and fitness classes, herein after “the activities” are a physical contact activity and that my participation might result in serious injury, including permanent disability or death, and severe social and economic loss.
2. Recognize and understand that such risk may be due to not only my own actions, but also the action, inaction or negligence of others, the regulations of participation, or the conditions of the premises, or of any of the equipment used.
3. Recognize that there may be other risks that are not known to me or to others or not reasonably foreseeable at this time.
4. Agree to inspect the facilities and equipment prior to participation. I will immediately inform an instructor if I believe that anything is unsafe or beyond my capability and refuse to participate.
5. Assume all of the foregoing risks and accept that personal responsibility for any damages that may result from injury, permanent disability or death.
6. Enter the activities entirely of my own free will and understand the importance of following the rules of training as described by the instructors.
7. Certify that I am in good physical condition, and have no disease, injury or other condition that would impair my performance or physical and mental well-being during intense training and/or practice.
8. Grant permission in case of injury to have a doctor, nurse, athletic training or other emergency medical personnel provide me with medical assistance or treatment for such injury.
9. Release, waive, discharge and covenant not to sue, Wuji Systems, its affiliated organizations and governing bodies, their officers, instructors and personnel, other members of the organizations, participants, supervisors, coaches, sponsoring organizations or their agents, and if applicable, owners and leasers of the premises from any and all liability to the undersigned, his or her heirs and next of kin for any and all claims, demands, losses and damages which may be sustained and suffered on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.

I HAVE READ THE ABOVE WARNING, WAIVER, RELEASE AND AGREEMENT TO PARTICIPATE. I UNDERSTAND ITS CONTENTS AND DO HEREBY SIGN IT VOLUNTARILY.

Printed name

Signature

Date

RISK AGREEMENT

ADVISORY OF RIGHTS AND RESPONSIBILITIES

Initial _____ Safety is not the sole responsibility of instructors and staff. Everyone in class is responsible for their own safety and the safety of those around them. All students have the right and responsibility to excuse themselves from any exercise they believe will be harmful to them. All students must evaluate each situation in the context of their skill and current physical condition, and conduct each drill in a manner that is safe. All students have the responsibility to train and conduct themselves in a manner that helps all students and instructors remain safe.

ASSUMPTION OF RESPONSIBILITIES AND RISK

Initial _____ Martial Arts training, boxing and fitness classes are potentially dangerous activities. Bumps, bruises, scrapes, scratches and soreness are commonplace, and most students will encounter this sort of minor injury from time to time in their training. More serious injuries are possible, including sprains strains, twists, cramps, cuts, scrapes, contusions and injuries of similar magnitude, and the student can be expected to encounter these injuries frequently. The possibility of more serious injuries exists, including fractures, broken bones, torn ligaments, though not all students encounter such serious injuries. There remains, despite safety precautions, the remote possibility of serious injury, crippling or death.

Initial _____ In understand the above statement of risk, and I understand the rights and responsibilities of students. I assume responsibility for my own safety, understanding and accepting the risks involved with martial arts training, boxing and fitness classes. By assuming this risk, I completely absolve all instructors, staff, guests, students, landlords, management companies and any and all other parties of liability for my harm, unless intentionally caused in criminal conduct.

NOTICE AND CONSENT TO PHYSICAL CONTACT

Initial _____ Martial arts training and boxing involves a wide variety of skills. While practicing these skills, students may have contact with any portion of the body with varying degrees of force. I understand the nature of physical contact in martial arts training and boxing, and I understand that I have the right to immediately withdraw from any exercise or drill in which the contact of any party seems beyond the scope of training and makes me uncomfortable. I agree to abide by the school etiquette in all manners pertaining to training, and I shall not in any way conduct myself inappropriately.

SEVERABILITY

Initial _____ If any clause, sentence, phrase or statement is found unenforceable or invalid by any Court of Law, the remainder of the document shall remain valid enforceable and the invalid clause, sentence, phrase or statement shall be struck from the document.

DURABILITY

Initial _____ This document is effective from the date signed with no expiration. Furthermore, the terms of this document are retroactive to the beginning of training and visiting this school if this document was signed after that date.

AUTHORITY TO TREAT

Initial _____ I, give the instructors the power to authorize medical or other treatment of the student named subject to the limitations listed below, if any. Treatment may be made without regard to whether I have been contacted or have consented to the specific treatment, provided it does not conflict with the limitations outlined below. This authority begin on the date signed and continues indefinitely.

I understand that the instructors, senior students, or others may have some skills in first aid, CPR, and at their discretion, I authorize them to use those skills and techniques to assist in any circumstance in which they judge their skill would be necessary or helpful.

Limitations to treatment: _____

Information or Medical Significance: _____

I HAVE READ THE ABOVE RISK AGREEMENT. I UNDERSTAND ITS CONTENTS AND DO HEREBY SIGN IT VOLUNTARILY.

Printed Name

Signature

Date