

Wasatch Martial Arts Academy LLC Participant Agreement

In consideration of the services of Wasatch Martial Arts Academy LLC, their members, owners, agents, employees, participants, and all other persons or entities acting in any capacity on their behalf (hereafter collectively called "WMAA"), I hereby agree to release and discharge WMAA on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I understand that the activity I am about to undertake (karate, Tang Soo Do/Soo Bahk Do, or other forms of martial arts/physical exercise) entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. By the very nature of martial arts, I understand that WMAA cannot eliminate such risks without jeopardizing, or eliminating, the essential qualities of the activities.

The risks include, but are not limited to, being jolted, jarred, bounced, stuck, hit, thrown, and landing on the floor while participating in martial arts. It is possible that you could break bones in your body, be knocked unconscious and be otherwise injured while participating in this program. Furthermore, WMAA instructors may be ignorant of participants fitness or ability and might misjudge whether you are able to participate in the program, they will seek safety, but they are fallible. They may give inadequate warnings or instructions which could cause you to be seriously hurt, or even worse, death.

- I expressly agree and promise to accept and assume all the risks in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of those risks. I agree that I will not sue WMAA, for anything.
- 3 If WMAA or anyone acting on their behalf be required to incur attorneys' fees and cost to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- 4 I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear all costs of such injury or damage myself. I further certify that I have no medical or physical conditions that could interfere with my safety in the activity, or else I am willing to assume and bear the costs of all risks that may be created, directly, or indirectly, by any such condition.
- I hereby grant WMAA permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in the Soo Bahk Do program, a court will most likely find that I have waived any right to maintain a lawsuit against WMAA on the basis of opportunity to read this entire document, I have read and understood it, and I agree to be bound by its terms.

Partipant Name	Signature of Participant	Date
could be asserted by minor, as	(print minor's name)("Minor") being permitted by its programs and to use its equipment and facilities, I further agree to waive any claim that or, as set forth in the above waiver, and further agree to indemnify and hold harmless claims that are brought by, or on behalf of Minor, and which are in any way connected tion by Minor.	
Parent Name	Signature of Parent or Legal Guardian	Date