



LIABILITY WAIVER

(Must be filled out COMPLETELY)

Participant Information:

Class/Program: _____

Today's Date:		E-mail			
Participant:				Phone:	
Address:				D.O.B.:	
City:		State:		Zip:	

To the best of my knowledge, I am in good physical condition and fully able to participate in classes, programs and events offered by Krav Maga Buffalo, LLC DbA/SPAR Self Defense or any entity that may use or rent the facility, of which I am associated with. I am fully aware of the risks and hazards connected with the participation in self defense training, including physical injury or even death, and hereby elect to voluntarily participate in said event(s), knowing that the associated physical activity may be hazardous to me and my property. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH**, that may be sustained by me, or loss or damage to property owned by me, as a result of participation in this course. I further certify that I am at least 18 years of age. If under 18, my parent/guardian is the below signed.

I hereby **RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE**, Krav Maga Buffalo, LLC DbA/ SPAR Self Defense, their officers, members, agents, and employees (hereinafter referred to as **RELEASEES**) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in physical activity, or while on or upon the premises where the event is being conducted.

It is my expressed intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a **RELEASE, WAIVE, DISCHARGE, and CONVENTION TO SUE** the above named **RELEASEES**. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the State of New York.

In signing this release, I acknowledge and represent that I **HAVE READ THE FOREGOING Waiver of Liability and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY** as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and I **EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.**

Is there any medical condition or other factor that would prohibit you from participating in any physical

activity? No _____ Yes _____ Participant is a minor: No _____ Yes _____

Participant's Printed Name: _____

Printed Name of Parent or Legal Guardian _____

X _____
Participant's Signature:

X _____
Signature of Parent or Legal Guardian if under 18

Emergency Contact _____ Phone # _____

Relationship _____

Date _____

Date _____