



BAY STATE MARTIAL ARTS

Bay State Martial Arts, LLC
25V Olympia Ave.,
Woburn, MA 01801
781.787.2086

Waiver and Release of Liability – Read and initial each item before signing below

This release must be signed by all participants, or by their parent(s) or guardian(s), if the participant is a minor, who wish to participate in any Bay State Martial Arts, LLC practice sessions or sanctioned events and activities.

In consideration of being allowed to participate in any way in the sports/martial arts programs, and related events and activities, including transportation to and from such events and activities, of Bay State Martial Arts, LLC, or other affiliated organizations the undersigned do:

1. Acknowledge and fully understand that Karate and related martial art activities is a physical contact sport (martial art) and that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, severe social and economic losses which might result not only from their own actions, inactions or negligence, but the action, inaction or negligence of others, the rules of play, or the conditions of the premises or of any equipment used. Further, that there may be other risks not known to them or not reasonably foreseeable at this time. Please initial_____

2. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death. Please initial_____

3. Willingly agree to comply with the stated customary terms and conditions of participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately. Please initial_____

3. Certify that he/she is in good physical condition and has no disease or injury that would impair his/her performance or physical condition in practice, training or competing. Please initial_____

4. Understand that this applies to all tournaments, Seminars, workshops, clinics, Birthday Parties, Summer Camps that I choose to attend, their guest instructors or participants, paid instructors or participants, any or all of whom may have no martial arts experience, or be instructing in a martial art or manner unfamiliar to the participant. Please initial_____

5. Grant permission in case of injury to have a doctor, nurse, athletic trainer or other medical emergency personnel provide him/her with medical assistance or treatment for such injury. Please initial_____

6. Release, waive, discharge and covenant not to sue Bay State Martial Arts, LLC, directors, agents, coaches, instructors and other officials or employees of the organization, doctors, nurses, athletic trainers or other medical personnel providing treatment or assistance, other participants, their parents, guardians, supervisors, coaches, instructors, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as “releasees”, from any and all liability to each of the undersigned, his or her heirs, and next of kin for any and all claims, demands, losses, or damages 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. Please initial_____

I/We have read the above waiver and release, understand that I/We give up substantial rights by signing it and sign it voluntarily.

_____	_____	_____
Printed name of Participant	Signature of Participant (if over 18)	Date
_____	_____	_____
Printed name of Parent or Guardian	Signature of Parent or Guardian	Date