

## RELEASE OF LIABILITY

I, \_\_\_\_\_,

(Print Name)

understand that I assume all risk and further understand that I could be injured while participating in a particular activity, drill or game.

I also do hereby release Edgar Escalante, Jiu Jitsu Academy of Stillwater and agents and associates, including coaches, my fellow teammates and others who may from time to time participate in my training in martial arts, from any and all liability or responsibility for any type of injury, loss or damage which might arise in the course of, or as a result of, my participation in training.

Edgar Escalante, Jiu Jitsu Academy of Stillwater, coaches and all participants in training will exercise reasonable care to avoid injury to anyone involved in training, but I acknowledge it is impossible to predict and control all aspects of training which necessarily involves physical contact between the participants.

I understand the training shall involve physical contact which might cause bodily injury or damage, or other serious effects to my health or well-being. I assume all risk of injury or damage, physical or emotional, which might arise as a result of the training.

\_\_\_\_\_(Initials) I agree to participate in training as noted above. I will defend and hold harmless Edgar Escalante, Jiu Jitsu Academy of Stillwater and its instructors and participants from any claim of injury resulting from the training. Team Tooke and all company's establish by him is not responsible FOR ANY ACTIVITIES/ INCIDENTS/ INJURIES/ AND LEGAL ACTIONS.

\_\_\_\_\_(Initials) I give permission to Edgar Escalante and Jiu Jitsu Academy of Stillwater to use photos and my name in print media and social media regarding the academy. Such as newspaper, facebook, etc.

Please list any medical conditions and/or injuries.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide an emergency contact. In the space provided below.

Name \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

(Signature)

If under 18 yrs old, Parent or Legal Guardian signature below

\_\_\_\_\_ Date \_\_\_\_\_