

Release of Liability

I _____ hereby affirm that I desire instruction in exercise and self-defense. I am aware that there is inherent danger associated with these activities, and of the basic safety rules for these activities. I understand that it is not the function of the instructors to serve as the guardians of my safety.

I agree and understand that neither this class nor its owners, operators, agents, or instructors, including but not limited to Keedysville Karate LLC., South Central Tae Kwon Do, Heidi Hartman, or her designee, may be held liable in any way for any occurrence in connection with the self-defense and exercise classes which may result in injury, death, or other damages to me or my family, heirs, or assigns.

In consideration of being allowed to enroll in this class, I personally assume all risks in connection with said class, and I further release the aforementioned instructors, programs, agents, and operators including, but not limited to the persons mentioned, for any harm, injury, or damage which may befall me while I am enrolled in the program, including all risks connected therewith, whether foreseen or unforeseen; and further to save and hold harmless said program and persons by either me or my family, estates, heirs, or assigns, arising out of my enrollment and participation in this class.

I further state that I am of lawful age and legally competent to sign this affirmation and release; that I understand the terms herein and contractual and not a mere recital; and that I have signed this document as my own free act.

I have fully informed myself of the contents of this affirmation and release by reading it before I signed it. If I have deemed it necessary, I have had a medical examination to assure myself, and assume my own responsibility of physical fitness and capability to perform under the normal conditions of this program, and am physically fit, either in my own opinion, or as attested to by the aforementioned medical examination.

IN WITNESS THEREOF, I have executed this affirmation and release on _____

Signature of client, or parent/guardian
if client is under 18 years of age

Witness

Address of client