Date:_____

Visitor/Trial Information and Waiver of General Liability	
Participant First Name	
Participant Last Name	
Phone Number	
Street Address	
City, State, ZIP Code	
Email Address	
Date of Birth	
Parent/Guardian	
Emergency Contact	
Relationship	
Phone Number	

PLEASE COMPLETE **ALL THREE PAGES**

Date:_____

General Release

By signing this release, I

1. Recognize and understand that martial arts training is an activity that involves physical contact and that my participation might result in serious injury, including but not limited to physical or emotional injury, permanent disability, broken bones, torn ligaments, bruises, and other bodily injuries, or even death caused by contact with other participants, objects used during martial arts activities, or walls, matting, or the floor. _____ Initial

2. Recognize and understand that such risk may be due to not only my own actions, but also the action, inaction or negligence of others, the regulations of participation, or the conditions of the premises, or of any of the equipment used. _____ Initial

3. Recognize that any injury from my participation in result in severe financial or economic loss. _____ Initial

4. Recognize that there may be other risks that are not known to me or to others or not reasonably foreseeable at this time. _____ Initial

5. Agree to inspect the facilities, equipment and pairings prior to participation. I will immediately inform an instructor if I believe that anything is unsafe or beyond my capability and refuse to participate. ____ Initial

6. Assume all the foregoing risks and accept personal responsibility for any damages that may result from injury, permanent disability or death. _____ Initial

7. Enter martial arts training and/or competition entirely of my own free will and understand the importance of following the rules of training and competition. _____ Initial

8. Certify that I am in good physical condition, and have no disease, injury or other condition that would impair my performance or physical and mental well-being during intense training practice and/or competition. _____ Initial

9. Grant permission in case of injury to have a doctor, nurse, athletic training or other emergency medical personnel provide me with medical assistance or treatment for such injury. _____ Initial

10. Release, waive, discharge and covenant not to sue, UpFit Training, its affiliated organizations and governing bodies, their officers, instructors and personnel, other members of the organizations, participants, supervisors, coaches, sponsoring organizations or their agents, and if applicable, owners and leasers of the premises from any and all liability to the undersigned, his or her heirs and next of kin for any and all claims, demands, losses and damages which may be sustained and suffered 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 realeasees or otherwise. _____ Initial

Date:_____

11. Give permission for David Branch Jiu Jitsu to use any photographs, pictures, media, likeness for promotional materials that include, but are not limited to advertisements, instructional videos, online training programs, and other marketing efforts. _____ Initial

12. Agree that this release, waiver, and indemnity is intended to be as broad and inclusive as permitted by the laws of the state of New York. _____ Initial

13. Agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against UpFit Training Academy. _____ Initial

Signature	
Date	