

Fudo Shin Jujitsu and Combat Arts School Waiver of Liability and Information Form

Sensei Lance Adams-Head Instructor
(Please Print or Type Clearly)

“PLEASE PROVIDE EMAIL ADDRESS”

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Home Phone() _____ Cell() _____ Email _____

Race _____ Birthday _____ Injuries? _____

Emergency Contact Name & No.

Prior Style? _____ Male/Female(circle one) Age _____

Waiver & Release of Liability, Assumption of Risk, and Idemnity Agreement

I agree that I will not hold responsible and release Fudo Shin Jujitsu and Combat Arts School for any injuries or damage that I may incur during my participation in this class. I agree that Fudo Shin Jujitsu and Combat Arts school will not be responsible for the injuries or damage of any adult, minor, or spectator that chooses to participate in or watch this class and its instruction. I agree that I will hold blameless any Fudo Shin Jujitsu and Combat Arts students, guest instructors, seminar instructors, officials, sponsors, representatives, committees, medical staff, agents, facility owner, for any injuries, personal damage, or property damage that may incur during my participation in instructional classes, tournaments, or seminars hosted by the school. I understand that Jujitsu/ Martial Arts is a combat art which can result in minor injuries, serious injuries, and possibly death. I understand and agree that any pictures or videos that are taken, may be used by the Fudo Shin Jujitsu and Combat Arts school. I hereby waive the right I may have to inspect them and understand there is no compensation to any participant or spectator.

Participants Signature _____

Parents/Guardian Signature under 18 _____

Date and Time: _____

