



## RELEASE AND WAIVER AGREEMENT

My name is \_\_\_\_\_ and I am entering into the following Release and Waiver Agreement with Budokan, Inc. (d/b/a Atlanta Budokan), Shawn Forristall, Stacey Forristall, and all other instructors, of the martial arts and self-defense at Atlanta Budokan, as well as my fellow students in the martial arts classes/ self defense clinics/ kickboxing/ after school programs/ seminars or other functions that I am participating in. I understand that I am signing this Release and Waiver Agreement in consideration for and as a requirement of my participating in any Atlanta Budokan martial arts classes/ self defense clinics/ kickboxing/ after school programs or seminars provided at or through any Atlanta Budokan facility. For myself, my successors, heirs or assigns and legal representatives, I do now and forever, fully and finally, release, discharge and waive from any and all claims, demands, damages, expenses, costs, actions or causes of actions known or unknown, past, present or future from any personal injuries including bodily injury or death which are alleged to have arisen out of or resulted from my participation in any martial arts activity including, but not limited to, exercises, drills, and sparring all the above named individuals, entities and corporations.

I understand that the participation in martial arts activities includes a risk of serious personal injury or even death. I know that martial arts are a contact endeavor, and I understand that I am responsible for evaluating my own physical condition and ability to participate in the martial arts classes. By my signing this Release and Waiver Agreement, I am stating that I have the physical ability and health to participate in those martial arts classes. If I am a minor under eighteen years of age, I am certifying by signing this Release and Waiver Agreement that I have had my parent or legal guardian also sign this Release and Waiver Agreement signifying that they are also entering into this Release and Waiver Agreement as well as consenting to my signing the same.

This Release and Waiver Agreement executed this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent or legal guardian Signature:  
(If under 18 years of age)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone