



Lakeville Martial Arts Club

(508) 947-1917 ~ Former Ted Williams Camp ~ Lakeville, Ma 02347

Waiver of Liability

Students Name(s) _____

I hereby submit my application for participation in the Lakeville Martial Arts Club. I clearly recognize that a risk is involved in participating in this class and related activities. Applicant and parent/guardian/caregiver of participant under the age of 18 attests that he/she is physically fit to participate in the class. In consideration of services to be received as a student, the undersigned hereby releases, and forever discharges the Lakeville Martial Arts Club, John Marando, The Town of Lakeville, and any LMAC instructors and/or participants from any and all actions, liability claims and demands upon or by reason of any damage, loss, injury, or in connection with and in course of receiving this school training and techniques, from the instructor or instructors, staff, official, or employees of this school or any fellow students in connection therewith and within the course of taking training or lessons for the purpose designed in this application. He/She hereby waives all his/her rights to the claims, actions, cause of action, demand or suit of loss, injury, damage, or suffering sustained.

I Have read this release of liability and assumption of risk agreement, fully understand it's terms, understand that I have given up substantial rights by sighting it, and sign it freely and voluntarily without inducement.

This is to certify that I, as parent/guardian/caregiver of participant, do consent and agree not only to his/her release of the Lakeville Martial Arts Club and the Town of Lakeville and all other releases, but also to release and indemnify the releases from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns and next of kin.

Student's Signature (18 or over) _____

Parent's or Guardian's Signature _____

Address _____

Date signed _____
Telephone _____

Emergency contact(s) _____

Known Allergies, Medical Conditions, Health problems (will be kept confidential - may use back of paper)

VIDEO/PHOTO RELEASE: I, or parent/guardian/caregiver of participant under the age of 18, hereby agree that any photographs and/or videos taken of me during my participation in the LMAC may be used for publicity or any other use seen fit by the Lakeville Martial Arts Club, without any compensation. I hereby waive any right I may have to inspect and/or approve any photographs and/or videos of myself. Student's signature or parent/guardian's (if under 18) _____