

# House of Courage Karate

## WAIVER AND RELEASE OF LIABILITY

*READ CAREFULLY BEFORE SIGNING*

In consideration of being allowed to participate in any way at the House of Courage Karate in Cornerstone Bible Church, the undersigned:

I, (print name) \_\_\_\_\_ fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to use or not reasonably foreseeable at this time.

I do hereby for myself, my heirs, executors, administrators, parents and guardians assign, release, acquit and forever discharge *House of Courage*, its instructors and members, and all volunteers, participants, agents, assistants, representatives, instructors, officers, and directors of this activity, of and from any and all liability, actions, claims, demands, or suits whatsoever, which may now or hereafter have or claim to have, on account of any injury sustained and suffered by me in connection to this activity.

Although every possible safety measure will be observed, I fully understand that Karate is a CONTACT SPORT and physical means of self-defense, and I am responsible for my own medical coverage. I assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.

I HAVE READ THE ABOVE WAIVER AND RELEASE OF LIABILITY AND BY SIGNING IT, AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE CORNERSTONE BIBLE CHURCH, AND/OR THE HOUSE OF COURAGE KARATE, AND/OR DAVID SKELTON, AND/OR THE HEAD INSTRUCTORS OF LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

I hereby also agree that any comments, photos or videos of myself or my children may be used for advertising /promotional purposes.

Medical issues we should know about? Y  N  If Yes please explain \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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Student Name

Student Signature if over 18 years

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Student Name

Student Signature if over 18 years

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Student Name

Student Signature if over 18 years

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Parent's Name

Parent's Signature