



Red Fern Budokai

Admin Office and Mailing Address: 5680 Stevens Forest Rd, Suite 58 Columbia, MD 21045
(410)7306196 <http://www.aikidimension.com>

Waiver And Release Form

The undersigned, a participant student, (or parent or legal guardian of a student) of Red Fern Budokai, 5680 Stevens Forest Rd, Suite 58 Columbia, MD 21045, acknowledges that he or she is fully aware that although reasonable safety precautions are taken, participation in the study and practice of martial arts as of many other sports, involves certain activities, including but not limited to physical contact with others, which may result in serious personal injury. The participant (or participants parent(s) or legal guardian(s), if participant is under age eighteen), by signing below assumes the risk of injury as a result of participation, and understands that **he or she may choose** not to participate in any activities and/or exercise which he or she feels may pose a health or safety hazard.

The participants (or parents(s) or guardian(s)) releases Red Fern Budokai, its owner Inovacore Inc., its members, lessor, employees, instructors, agents, and representatives from any and all liability, loss damage, costs, claims, and/or causes of action including, but not limited to, all bodily injuries and property damage arising out of participation in the study of the martial arts.

I HAVE READ THE ABOVE FORM AND FULLY UNDERSTAND IT.

(Print Participant's Name and Address)

(Signature of Participant and Date)

If participant is under the age of eighteen, this form must be signed below by the parent(s) or legal guardian(s) of the participant. The parent(s) or legal guardian(s), by signing, agree that the above release applies both to injuries to the student/participant, and to injuries to said parents or legal guardians themselves (including without limitation "emotional distress" or "consortium" type claims which may arise out of or be connected with injuries to the student/participant.) THE UNDERSIGNED ACKNOWLEDGE (1) THAT THEY ARE PARENTS, OR LEGAL GUARDIANS OF THE ABOVE NAMED PARTICIPANT AND THAT THEY HAVE LEGAL CUSTODY OF THE PARTICIPANT (Parents with physical custody must always sign); (2) THAT EACH OF THEM READ AND UNDERSTANDS THIS FORM; and (3) THAT EACH PERSON SIGNING HAS THE AUTHORITY TO DO SO.

(Print Name and Address)

Signature (1): _____ Date (1): _____

Signature (2): _____ Date (2): _____